

Cardiac Car Show

Saturday, November 4, 2017

REGISTRATION FORM

REGISTRATION #

Registration Fee \$25.00

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ Email address _____

CLUB: _____

VEHICLE



YEAR: _____ MAKE: _____

INFORMATION

MODEL: _____ COLOR: _____

You assume all risks associated with participation and hereby release all event organizers, sponsors & vendors from any and all liability associated with your participation and attendance. The organizers reserve the right to refuse admittance to the CARDIAC CAR SHOW to any individual as deemed necessary.

SIGN: _____