

Vehicle # \_\_\_\_\_  
(Organizers only)

NAME: \_\_\_\_\_ PH#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MAKE OF AUTO: \_\_\_\_\_

MODEL: \_\_\_\_\_

YEAR: \_\_\_\_\_

Please fill out and return this form to registration

By signing, you agree to the following terms:

- You assume all risk for yourself and your vehicle while at the event.
- You will not hold organizers responsible for any injury to you or damage to your vehicle.

Please Sign Below;

Name: \_\_\_\_\_

Date: \_\_\_\_\_