

REGISTRATION FORM

Registration: 10am – Noon

Show: Noon – 5pm

Last Name: _____ First Name: _____

Year, Make, and Body: _____

Address: _____ Phone#: _____

City: _____ State: _____ ZIP: _____

D.F.C.S.C.A and their sponsors accept NO responsibility for theft, accidents or property damage occurring in connection with this event.

Signature: _____

