

**CALHOUN COLT SHOW ANNUAL CAR SHOW**

PLEASE PRINT ON FORM

CAR SHOW REGISTRATION FORM ENTRY# \_\_\_\_\_

OWNER/PARTICIPANT NAME: \_\_\_\_\_

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

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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

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

COLOR: \_\_\_\_\_

MODIFIED: YES \_\_\_\_\_ NO \_\_\_\_\_

CLUB AFFILIATION: YES \_\_\_\_\_ NO \_\_\_\_\_

NAME OF CLUB: \_\_\_\_\_

HOW DID YOU HEAR ABOUT TODAYS SHOW: \_\_\_\_\_

HOW MANY MILES DID YOU DRIVE TODAY: \_\_\_\_\_

BY SIGNING BELOW, YOU ACCEPT RESPONSIBILITY FOR YOUR VEHICLE AND YOURSELF. YOU RELEASE FROM LIABILITY THE CITY OF CALHOUN, THE CALHOUN COLT SHOW, AND THE CAR SHOW ORGANIZERS.

OWNER/PARTICIPANT SIGNATURE \_\_\_\_\_

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