

# Skyview Drive-In Car Show

Car show registration form entry # \_\_\_\_\_

Owner/Participant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Entry Information

Year: \_\_\_\_\_ Make \_\_\_\_\_

Model: \_\_\_\_\_ Color: \_\_\_\_\_

Modified: Yes \_\_\_\_\_ No \_\_\_\_\_

How did you hear about today's show? \_\_\_\_\_

How many miles did you travel to get here today? \_\_\_\_\_

By signing below, you accept responsibility for your vehicle and yourself. You release from liability the Skyview Drive-In and the car show organizers.

Owner/Participant Signature: \_\_\_\_\_

E-mail address: \_\_\_\_\_