

FOR MORE INFORMATION CONTACT 570-325-3682

## **CAR SHOW REGISTRATION FORM**

LAST NAME:	FIRST NAME:
MAILING ADDRESS:	
Сіту:	STATE:ZIP CODE:
PHONE:	EMAIL:
CAR CLUB AFFILIATION: ☐ YES ☐ NO  IF YES, NAME OF CLUB:	
VEHICLE ENTRY INFORMATION:	
YEAR:MAKE:	Model:
CAR CLASS (CHOOSE 1):  UNITAGE (1940 OR OLDER)  CLASSIC (1941-1975)  IMPORTS  4x4  OTHER (PLEASE SPECIFY):	DONATION TO CCTI FOR ENTRY: \$



HOW DID YOU HEAR ABOUT OUR EVENT TODAY? \_

HOW MANY MILES DID YOU DRIVE TO ATTEND OUR EVENT?