

KENNEDY MEMORIAL CAR SHOW REGISTRATION



PLEASE PRINT ON FORM

CAR SHOW REGISTRATION FORM ENTRY # _____

OWNER/PARTICIPANT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

ENTRY CLASS: _____

YEAR: _____ MAKE: _____

MODEL: _____

COLOR: _____

MODIFIED: YES _____ NO _____

HOW MANY MILES DID YOU DRIVE

TODAY: _____

BY SIGNING BELOW, YOU ACCEPT RESPONSIBILITY FOR YOUR VEHICLE AND YOURSELF, YOU RELEASE FROM LIABILITY THE SAN ANGELO INDEPENDENT SCHOOL DISTRICT, THE SOUTH TEXAS COPS CHAPTER AND THE BLUE KNIGHTS AND ALL CAR SHOW ORGANIZERS.

OWNER/PARTICIPANT
SIGNATURE: _____

EMAIL ADDRESS: _____