

# 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: \_\_\_\_\_