

PRE- REGISTRATION FORM

Please complete and mail this form along with **\$10.00**
Make cheque payable to: **Amherstburg's Gone Car Crazy**

MAIL TO: Car Crazy Show c/o Eleanor Renaud
41 Sandwich St. S., Amherstburg, ON N9V 1Z5

NOTE: You will **not** be receiving confirmation by mail. Please go to the "Pre-Registration Table" at the show to pick up your packet.

Please PRINT when filling out the information below

NAME _____ PHONE _____

STREET _____

CITY _____ PROV. _____ POSTAL CODE _____

VEHICLE YEAR _____ LICENCE # _____

MAKE & MODEL _____

DO YOU HAVE VALID LIABILITY INSURANCE OF THIS VEHICLE
YES _____ NO _____

I, the entrant, understand that the Show organizers or anyone connected with the Car Crazy Committee, or the Town of Amherstburg, cannot be held liable for any loss or injury to all and any participants/spectators. The owner of each vehicle takes sole responsibility of his/her vehicle while attending the show.

Entrant's signature _____ Date _____

None of this would be possible without the help of our Sponsors. A big thank you goes out to each one of them for their continued contribution and support.



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