

Pre-Registration Form

Name _____

Address _____

City/State _____

Zip Code _____ Phone _____

Email _____

Year _____ Make _____

Model _____

In consideration for the right to participate, entrants, participants and spectators, by execution of the entry form, expressly release and discharge all representatives connected with this event of/and from any and all known and unknown injuries suffered to entrant and entrants property.

Signature _____

Mail entries and check to: Doc's Charity Car Show
6544 Joan Dr. Belvidere IL 61008.
For more information contact
Jack Cadwell at 815-494-0018 or
Kraig Bryan at 815-547-5408.