



REGISTRATION FORM

Please PRINT your information

NAME: _____

ADDRESS: _____

EMAIL: _____

CORVETTE INFO: _____

(YEAR, TYPE, COLOR)

CORVETTE CLUB NAME: _____

PLEASE BRING THE DAY OF THE SHOW OR EMAIL

to amthill@gmail.com OR MAIL TO:

SUNSET VETTES

311 ANGELA LANE

MARY ESTHER, FL 32569