

CAROLINA AMC EVENT REGISTRATION

NAME: _____

ADDRESS: _____

PHONE # / EMAIL: _____ / _____

EVENT: _____

MAKE: _____

MODEL: _____

AMOUNT ENCLOSED: _____

**Please send this form along with your check or money order to Carolina AMC c/o
Debbie Mills 7988 Winnsboro, Rd. Columbia, SC 29203**