

REGISTRATION FORM

Form and Registration Fee must be received by September 7, 2024

**Complete form and \$15.00 check made payable to Scholz's Auto
Parts should be mailed to:**

**Laurie Pratt
14495 Koehn
Capac, MI 48014**

Name: _____ **Phone:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Car information:

Year: _____ **Make:** _____ **Model:** _____ **Color:** _____

By signing below, I agree that the sponsors of this car show will be held harmless for any accidents, injuries, property damage or losses occurring prior to, during or after the show. Further, I agree that images of my vehicle and/or person may be posted to the event's website and/or used in future show advertising.

Signature: _____