Freedom Car Show

Vehicle Entry Form

Please mail this form and your check for \$25 to:

WVSILC P.O Box 625 Institute, WV 25112



If you need to mail us your payment or entry form for any reason, please complete this form and return it to the WVSILC office. Please include 4-6 pictures of your vehicle. If your vehicle has specialized equipment that helps you enter or drive the vehicle, please include pictures of that equipment. If you enter your vehicle on the day of the show, the registration fee is \$35, so enter early! Vehicles must be registered and parked by 12pm day of show.

For more information, or to register online, visit our website at https://wvsilc.org/

Date of Birth (for oldest & youngest categories):

Name	First Name	Last Name		Does this vehicle equipment modif	
Address Street Address				Yes No	
	Street Address Line 2			If yes, please provide the details about the modifications	
	City		State		
	Zip Code				
Phone	Area Code Phone Number				
Email	example@example.c	com			
Are you	a member of any	exclusive c	ar/bike club?		
Yes No If yes, what is the name of the club?				or near your vehicle. All participants there is a security or behavior p	nt, we ask that you do not blast loud music in will act accordingly and call on event staff if problem that should arise. All participants d to leave at any time, with no refund, if it is
	Club Affiliation				cknowledge that your vehicle is fully insured pting full responsibility for any damage, loss,
Year	I	Make		vehicle in and out of the show field. the car show, you agree to hold Council, Inc. and its committees,	re that may result from operation of your Further, by registering and participating in West Virginia Statewide Independent Living promoters and sponsoring organizations ay arise from your participation in this event.
Model		Color			
				Signature	Date