

NAME:			
ADDRESS:			
CITY/STATE/ZIP:			
E-MAIL ADDRESS:			
YEAR:	MAKE:	MODEL:	

By signing this form, I agree to release all parties that are a part of this show, property owners, or anyone associated with the organization, and/or promotion of this show from any responsibility, liability, or damage that may be incurred from my participation in this show, and I understand that I waive my rights to any legal action as such.

SIGNATURE: DATE:

MAIL \$10 ENTRY FEE AND FORM TO:

BCO CAR SHOW 30599 HWY 47 NW CAMBRIDGE, MN 55008

FOR MORE INFORMATION CONTACT:

JAKE (763) 238-0406 BRYAN (612) 282-5267

