

Kars Unlimited Cruise-In Benefit Application

Name: _____

Date: _____

Signature of applicant or responsible person: _____

Medical Issue:

Contact Information: Name, Address and Phone number:

Insurance: Private _____ or Medicaid _____

Family role in the benefit:

Provide bake goods for bake sell; Chinese auction items (new or slightly used); live auction items; Photo of the person (poster).

Kars Unlimited role:

Benefit location; tables, chairs, PA System and manpower for the event.

Contact email for Kars Unlimited:

KarsUnlimitedva@gmail.com

****Benefit contact will be notified 7 days after the business meeting that the application was presented as to the decision of Kars Unlimited to approve or disapprove the benefit.**

Kars Unlimited has the right to cancel or postpone the benefit upon notification to the recipient or contact person of the benefit.

Application will be posted on Kars Unlimited website and Facebook page; applications are also available by contacting a member of Kars Unlimited.

Applications need to be submitted by March 1st to be considered for the 2026 benefit season. Applications submitted after that date will be for 2027 benefit year. ******