

Kimberly Cruise Registration Form

PLEASE PRINT ON FORM

CAR SHOW REGISTRATION FORM ENTRY# _____ (Official Use Only)

OWNER/PARTICIPANT NAME: _____

ADDRESS: _____ PHONE: _____

CITY: _____ STATE _____ ZIP _____

YEAR: _____ MAKE: _____

MODEL: _____

COLOR: _____

MODIFIED: YES _____ NO _____

CLUB AFFILIATION: YES _____ NO _____

NAME OF CLUB: _____

HOW DID YOU HEAR ABOUT OUR
SHOW: _____

HOW MANY MILES DID YOU DRIVE
TODAY: _____

**BY SIGNING BELOW, YOU ACCEPT RESPONSIBILITY FOR YOUR VEHICLE
AND YOURSELF. YOU RELEASE FROM LIABILITY THE CITY OF KIMBERLY,
IDAHO AND THE CAR SHOW ORGANIZERS.**

OWNER/PARTICIPANT
SIGNATURE _____

EMAIL ADDRESS: _____

