

REGISTRATION

NAME:		
ADDRESS	CITY	STATE
ZIP CODE	PHONE NUMBER	
EMAIL ADDRESS		
AUTOMOBILE YEAR	MODEL	
AUTOMOBILE YEAR	MODEL	
AUTOMOBILE YEAR	MODEL	

REGISTRATION NUMBER

VEHICLE _____ @ \$10.00 each \$ _____

VENDOR SPACE _____ @ \$20.00 each \$ _____

Please Leave Blank - For Show Staff Only

Glass City AMC Show