



PARTICIPANT REGISTRATION FORM

Owner Information

Name: _____ Email: _____

Address: _____ City: _____ St: _____ Zip: _____

Car Club Affiliation: _____ Phone: _____

Vehicle Information

Year: _____ Make: _____

Model: _____ Color: _____

Payment Information

_____ \$20 Pre-entry Registration (Mail checks to: P. O. Box 30066, Pensacola, FL 32503-1066)

_____ \$25 Day-of Registration (Cash, Check, or Credit Card Accepted)

* Make checks payable to: Pensacola North Rotary

Thank You for Your Support!