

For Post 304 use:

Registration Number: _____

Check # _____ **Amount:** _____ **Name on check:** _____

AMERICAN LEGION Post 304 CAR SHOW

Registration Form

AUGUST 18, 2018

4220 Main Street, Acworth, GA 30101

Entry fee: \$20

Show 11AM - 3PM

Please print

Name _____ **Phone** _____

Address _____

City _____ **State** _____ **Zip** _____

Email _____ @ _____

Vehicle Information

Make: _____ **Model:** _____

Year _____ **Special Features?** _____

Exterior Color _____ **Interior Color** _____

Hold Harmless Agreement:

I agree to insure my vehicle(s) and property against loss, damage, liability and to provide proof of insurance to American Legion Post 304.

I agree to assume the risk of any and all damages or in injury and to indemnify and harmless American Legion Post 304, its officers, directors, agents, employees, and chapter for any acts of omissions which may result in theft, damage, or destruction of my property and injury to me or others occurring during, or as a consequence of this event, where located.

Signature X _____ **Date:** _____

Please make your check payable to: American Legion Post 304