



Make check to and return:
SHOALS BRITISH CAR CLUB
 c/o Patricia Agee 1734 County Rd 323
 Florence, AL 35634
 Cell -256-710-3456

2018
September 7-8

Name: _____ (How to appear on Name Tag)

_____ (Additional Name Tag)

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Your British Club: Name/City: _____

Entry 1: Make: _____ Color: _____

Model: _____ Year: _____

Entry 2: Make: _____ Color: _____

Model: _____ Year: _____

(For more than 2 entries, attach a separate sheet)

FOR CLUB USE ONLY	
Show Class	Photo ID
_____	_____
_____	_____

\$25 per entry prior to Sep 1st, \$30 per entry after Sep 1st, \$10 second entry, no additional charge over two entries

TOTAL REGISTRATION FEES: \$ _____

Fri: Party on the Patio 6:30pm – Meal, ___x \$16 each\$ _____

Sat: 8:00am – 11:00 am **Registration**
 8:00am – 3:00pm **Car Show**
 11:00 – 11:30am **Place Ballots in Cars**
 11:00am – 1:30pm **Participant Voting**
 3:00pm **Awards**
 5:00pm **Dinner with Car Show Friends, Dutch treat in lodge restaurant**

TOTAL FEES ENCLOSED:\$ _____

*****If you are NOT staying for the Awards and you win a trophy, how do you wish the club to deliver the trophy to you?

() Give to (name): _____

() Send by USPS at a cost (\$10) to the address at the top of this page.

() Other _____

In consideration of the right and privilege to enter and participate in this event, I agree to release and hold harmless the Shoals British Car Club, its officers, members, Joe Wheeler State Park, and the City of Rogersville from any and all liabilities for injuries, damages or loss arising from my entry, attendance or participation, and traveling to and from this event. I also certify that the entry (ies) offered for registration is covered by liability insurance at least equal to the minimum requirement of the state in which the vehicle(s) are licensed and/or registered.

Signed: _____