

**Del Shannon Days 2018
Car Show
Saturday, August 11, 2018
Registration Form
\$12.00 before July 31 / \$15 after**

Name: _____

Email: _____

Phone: _____

Street Address: _____

City, State, Zip: _____

Year: _____ Make: _____ Model: _____

By completing this form, the entrant, and the entrant's successors and assigns, agree to release and discharge: 1) the City of Coopersville; 2) the Coopersville Rotary Club; 3) event volunteers; 4) event sponsors from all claims, damages, and injuries from any cause whatsoever relating to the events. Entrants are responsible for all guests registered under their assigned vehicle number. Registration is non-refundable for any reason, including weather. City streets will reopen at 4:00 pm and all vehicles must be removed by that time.

Signature: _____ Date: _____

Please check if you would like to add the following:

T Shirt (\$10ea – YS, YM, YL, S, M, L, XL \$12eac 2X, 3X)

SIZE _____ QTY _____

SIZE _____ QTY _____

Pancake Tickets \$6ea QTY: _____

Train Pass \$4ea QTY: _____

CHECK AMOUNT: \$ _____

Make checks payable to **Coopersville Rotary**
Mail to: Car Show, 17808 56th Ave, Coopersville MI 49404