



AUGUST 8TH

9AM - 1PM

530 Beech Street

Charlotte, MI 48813

REGISTRANT INFORMATION

Name of Owner _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

CAR DESCRIPTION

Make: _____ Model: _____ Year: _____

Club Affiliation: _____

SIGNATURE _____ **DATE** _____

PAYMENT INFORMATION - \$10

- ☐ CHECK ENCLOSED (Payable to ECHRS)
- ☐ PAY AT EVENT (Cash ONLY day of - \$15)
- ☐ CARD (Visa, Mastercard, or American Express)
 - Name on Card _____
 - Card Number _____
 - Expiration Date _____ CVV _____

SUBMIT REGISTRATION (Attn. Car Show)

Please enclose registration, \$10 registration fee, \$10 shirt fee (if wanted), and proof of vaccinations.

- ☐ FAX: 517.541.0670
- ☐ EMAIL: smccone@echrshealth.org
- ☐ MAIL: 530 W Beech St.
Charlotte, MI 48813

ADD A T-SHIRT - \$10

- ☐ 3XL ☐ XL ☐ M
- ☐ 2XL ☐ L ☐ S

SCHEDULE	8:30 AM		Food and Vendor Set-up
	9:00 AM		Participant Check-ins
	11:00 AM		Give-Aways and Raffles
	12:00 PM		Judging followed by Awards
AWARDS	1st Place	Owner's Choice	Best Exterior
	2nd Place	People's Choice	Best Interior
	3rd Place	Most Personality	Best Truck
	Sheriff's Choice	Best Antique	Best Classic
	Resident's Choice	Best Muscle	Most Unique

