

MIAMI HISTORICAL SOCIETY CAR SHOW REGISTRATION

CAR CLUB NAME:	
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YEAR: _____
MAKE: _____
MODEL: _____
OWNER: _____

CAR #

NAME: _____
ADDRESS: _____
E-MAIL: _____
PHONE: _____

PLEASE LET US KNOW HOW YOU HEARD ABOUT OUR SHOW:

<input type="checkbox"/> SHOW & SHINE CALENDAR	<input type="checkbox"/> CAR SHOW FLYERS	<input type="checkbox"/> MIAMI HISTORICAL SOCIETY WEB SITE
<input type="checkbox"/> WORD OF MOUTH	<input type="checkbox"/> CAME LAST YEAR	<input type="checkbox"/> ENVELOPE STUFFER / MIAMI SAVINGS BANK
<input type="checkbox"/> OTHER: PLEASE DEFINE _____		