



SHOW AND SHINE REGISTRATION

Fee: \$20.00 for the first entry, \$5.00 for each additional entry under the same ownership.

Cash: _____ Check: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Email: _____

Year: _____ Make: _____ Model: _____

Year: _____ Make: _____ Model: _____

Year: _____ Make: _____ Model: _____

Liability: In consideration of the acceptance of the right to participate, entrants, participants and spectators by execution of the form, release and discharge The Townsend Rotary Club of and from all known and unknown damages, losses, injuries, judgments, and/or claims from any cause that may be suffered by entrants to his person or property. Each entrant agrees to indemnify all forgoing entities, forms and persons of any and all liability occasioned or resulting from the conduct of an entrant or participant assisting with the entrant and under the direction or control of the event.

Signature: _____ Date: _____

Signature: _____ Date: _____

(Guardian if entrant is under 18 years of age)

Contact: Jerry (406)465-2331 Jamie (406)980-0122 jamiwilliams65@yahoo.com