

15th Annual Classic Car Display Registration Form

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

E-Mail: _____

Automobile Information

Year: _____

Make: _____

Model: _____

I will be exhibiting:

Saturday: _____

Sunday: _____

Both Days: _____

How many people will be with your vehicle? _____
(max 2 per vehicle)

Please Remember!

You must be registered to Attend!
Please return this completed form to:
Jack Frost Mountain
Car Show
P.O. Box 1539
Blakeslee, PA 18610
Fax: 570-443-4710
If you have any questions please call 570-443-8425 Ext2041
Contact person is Heather Schiffbauer