

# 9th Annual Classic Car Display Registration Form

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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## JUKEBOX CRUISERS CAR CLUB AUTO INFO:

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

I will be attending on Sunday, Oct 10th

How many people will be in your vehicle? \_\_\_\_\_

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*Please remember!*

You must be registered to attend

Please return this completed form to:

Jack Frost Mountain Car Show

P O Box 707

Blakeslee, PA 18610

Any questions please call 570-443-8425 Ext #2621

Contact person is Sharla Hufnagle