

12th Annual Classic Car Display Registration Form

Name: _____
Street: _____
City: _____ State: _____ Zip: _____

Automobile Information	I will be exhibiting:
Year: _____	Saturday: _____
Make: _____	Sunday: _____
Model: _____	Both Days: _____

How many people will be with your 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 Ext3041
Contact person is Heather Schiffbauer