



ANTIQUE CAR COMPETION REGISTRATION FORM

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE #: _____ EMAIL : _____

NAME OF CLUB _____

MAKE/MODEL: _____ YEAR: _____

CLASS: _____ COLOR: _____

Place **X** in the box next to which area(s) in which you would like your vehicle to be registered in. All vehicles are automatically in **People's Choice** and **Best of Show**,

- | | |
|---|---|
| <input type="checkbox"/> Best Restoration | <input type="checkbox"/> Best Original truck pre-1980 |
| <input type="checkbox"/> Best Customization | <input type="checkbox"/> Best Hot Rod/Rat Rod |
| <input type="checkbox"/> Best Club Participation | <input type="checkbox"/> Best "No me Agüito" Car |
| <input type="checkbox"/> Best Original car pre-1980 | <input type="checkbox"/> Best Vintage Car/Truck |
| <input type="checkbox"/> Best Import | <input type="checkbox"/> Best Long Distance |

Entry fee: \$25.00 - Make checks payable to AARP Laredo Chapter

PAID _____ Received by: _____

Contact Alejandra Rodriguez at 956-763-2315 for more information.