

REGISTRATION

Name(s) of Participant(s): 1)		2)			
Address:		City:		State:	Zip:
Phone: ()	ext	Cell: ()		
Email:		Fax: ()		
Year: Make:	Model:		Color (Ext/Int):		
Count me in for Friday drive/tour to Bend: Yes	No				
FEES					
REGISTRATION is ala carte. Cut Saturday car display is at Deschutes Historic asphalt. PLEASE NOTE THE SATURDAY BA	cal Museum. The first 50 car				
Saturday Field Display (one car):	\$45.00 x				\$
Saturday Banquet (one person):	\$65.00 x				\$
Sunday Dash & Lunch (one person):	\$35.00 x				\$
			TOTAL	. PAYMENT AMOU	UNT = \$
Cancellations: 95% refund if canceled	by July 31, 50% refund if c	anceled by Aug	ust 31. NO RE	EFUNDS FROM	SEPTEMBER 1.
PAYMENT INFORMATION					
Please make checks payable to: Oregon Fe You may fax pa	estival of Cars and Mail to: Or yments to: 503-246-8478 or	-			Portland, OR 97219
Check No.: Amount: \$	Credit Card (Circle one): N	IC VISA Authori.	zed Amount: \$		
Card No.:	Exp. Date: Security C	Code: Car	d holder Name: _		
Release and Waiver of Liability and Indemnity I I hereby agree to enter the above described Orego consideration, and intending to be legally bound, a Cars committee members and volunteers from an	on Festival of Cars event. In con I agree to release JJ Automotive	Productions, LLC	and Oregon Fes	stival of Cars and all	the Oregon Festival of
Signature:		Date:			