



Confirmation Sent _____
Staff _____

**Annual Vettes for Vets
Sunday, May 27, 2012**

PARTICIPANT APPLICATION FORM

(Please fill out separate application for each vehicle entry)

NAME _____

EMAIL _____

ADDRESS _____

CITY/ ST _____ ZIP _____

Yes, I'm a veteran!

Car Club Name(s) _____

Price per vehicle (includes car show and two Museum admission tickets): \$10

+++++
I understand that if accepted, photographs, slides or video of myself, persons in my car or my car may be used by the California Automobile Museum for promotional purposes. California Automobile Museum and its agents reserve the right to refuse any vehicle at the time of the event that does not meet our requirements.

I have read the terms and conditions and agree to all items therein.

X _____ / ____ / ____
Signature of participant Print name date

Return this page with check payable to the California Automobile Museum, credit card information below (or check that online payment has been made) to: 2200 Front Street, Sacramento, CA 95818. Fax: 916-442-2646.

Registrations received without payment will be charged \$15 at the gate.

I am paying by check ____ I am paying by Credit Card ____ I have already paid online ____

Name as it appears on card _____

Card # _____

Authorized signature _____

Expiration date _____

Amount to be charged \$ _____

Number from back of card _____

Type of Card _____