Check #_____
Ins Verif_____
DL #_____
(office use only)

CAM Car Cruise
Saturday, August 4, 2012

PARTICIPANT APPLICATION FORM

(Please fill out separate application for each vehicle entry)

NAME_____PHONE_____

ADDRESS_____CITY/ ST_____ZIP _____

Vehicle: Year _____Make _____ Model _____ Lic. No. _____

Current Vehicle Insurance Carrier _____Attach a copy of your insurance card*

Email_____Club Name(s)_____

	Price	Total
Registered Participant Price includes: Cruise, Car Show, T-shirt & Museum ticket	x $39 (Before 7/5/12) Deduct $5 for Museum Members (Limit 1) Password_____	$_____ $_____

1 T-shirt (included) S M L XL XXL XXXL (**CIRCLE ONE)**

Additional T-shirts _____ S _____M _____L _____ XL Number @ 12.00 ea $ _____

_____ XXL _____ XXXL Number @ 15.00 ea. $ _____

++ **TOTAL enclosed** **$_____**

I have read the terms and conditions and agree to all items therein and that my personal information is true and correct. California Automobile Museum and its agents reserve the right to refuse any application that does not meet our requirements. The Registered Participant agrees to indemnify and save harmless California Auto Museum, the organizations and events officers, agents and employees, California Vehicle Foundation, Inc., and the City and County of Sacramento from any and all claim, causes of action, suits damages, injury and loss to any person or goods arising out of or in any way connected to participating at this event. 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. A copy of my driver license and insurance is enclosed/attached. I understand that, because of pedestrian safety, all Cruisers must be in place until the end of the awards at 8:30pm.

X_____/_____/_____
Signature of participant Print name date

Return this page with check made out to California Automobile Museum, mail to:
2200 Front Street, Sacramento, CA 95818. **DO NOT MAIL CASH.** If paying by Credit Card:

Name as it appears on card _____ Card # _____

Authorized signature _____ Expiration date _____

Amount to be charged $_____ Number from back of card _____ Type of Card_____

A copy of valid driver license and current vehicle insurance should accompany this form or you can provide them the day you pick up your registration packet. *If any of these expire prior to 8/4/12, we will need a new copy sent prior to event. *Thank you!*