SHOW CAR REGISTRATION FORM

All proceed to benefit Shriners Hospitals for Children

Complete this form to Pre-Register your vehicle(s) for the annual Field of Dreams Car Show on Saturday & Sunday, November 20th & 21st, 2021. Show car gate opens 8:00 am on both days.

Name			
Mailing Address			
City	State	Zip Code_	
Cell Phone ()	E-Mail		
NOTE: This show is open to quality pickups, 4 wheel draincluding modern muscle/pudging (Sat & Sun) & Troushow Vehicle Information:	rives, jeeps and serformance cars	special interest Sunday, Nove	vehicles; mber 22nd.
Vehicle #1: Year	Make	Model	
Vehicle #2: Year	Make	Model	
Vehicle Pre-Registration F	ee (by Nov. 1, 2	02 1 \$15.00	each
Vehicle Registration (After	Nov. 1, 2021 o	r event day)	. \$20.00 each
(CASH ONLY AT GATE) both days.	Fee covers up t	o four (4) peop	le per vehicle for

Make checks/money orders payable to: Field of Dreams Car Show Inc. Mail checks to: P.O. Box 293, Trilby, FL. 33593