Show Care Registration Form

All proceeds to benefit Shriners Hospital for Children

Complete this form to Pre-register your vehicle(s) for the annual Field of DreamsCar Show on Saturday and Sunday, November 23rd and 24th, 2024. Show car gate opens at 8:00 am both days.

Name			
Mailing Address			
City	State	Zip Code	
Cell Phone ()		Email	
	, jeeps and spe	rods, rat rods, customs, show qual- cial interest vehicles; including mo	•
Show Vehicle Information	on:		
(Judging & Trophies wil	ll be on Sunda	y, Nov. 24th)	
Vehicle #1: Year	Make	Model	
Vehicle #2: Year	Make	Model	
Vehicle Pre-Registration \$15.00 each.	on Fee before	November 1st, of every year	•••••
No Vehicle Pre-Reg (A	fter Nov. 1st.)		
Vehicle Registration at	Event or afte	er November 1st\$20.00 ea	ch
(CASH ONLY AT GAT) both days.	E) Fee covers	up to four (4) people per vehicle fo	or
Payment: Make chec	ks/money ord	lers payable to: Field of Dreams	<u>Car</u>

Address: PO Box 293 Trilby, FL 33593

Show Inc.,