

Cloverdale Funeral Home Car-Craze
Saturday September 25, 2021 9am-3pm
Car Show Registration Form

Owner/Participant Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____ Email: _____

Year: _____ Make: _____

Model: _____ Color: _____

Modified: Yes _____ No _____

Club: Yes _____ No _____ Name of

Club: _____

How did you hear about us: _____

How many miles did you drive to attend: _____