



REGISTRATION FORM

Mail to: Phoenix Children’s Hospital Foundation
Attn: Lindley Carlin | 2929 E Camelback Rd., Ste 122, Phoenix AZ 85016

Email to: lcarlin@phoenixchildrens.com

Day Of: Will include raffle(s) and live music

Awards: Best Classic | Best Modern | Largest Club

Pre-Event Registration: \$20 per vehicle

Day-Of Registration: \$25 per vehicle

Please Make Checks Payable to: Phoenix Children’s Hospital Foundation

Please **PRINT** clearly especially your e-mail address, as this is the only way we have of sending you instructions and entry passes.

Amount: \$_____ Credit Card: Visa MasterCard American Express Discover

Name On Card: _____

Credit Card # _____ Exp. Date: _____ Security Code: _____

Signature: _____

Name: _____ Email: _____

Street address: _____

City: _____ State: _____ Zip: _____

Cell: _____ Home Phone: _____

Vehicle Make: _____ Model: _____

Year: _____ T-Shirt Size: _____

****Please complete multiple forms if registering multiple vehicles**

Waiver & Disclaimer

In consideration for and the acceptance to the AUTONATION CHRYSLER JEEP DODGE NORTH PHOENIX CAR SHOW , the undersigned vehicle owner and/or exhibitor hereby fully and unconditionally agrees to the following: to release AUTONATION CHRYSLER JEEP DODGE NORTH PHOENIX , their representatives, agents and employees from any liability, risk of personal injury, loss or damage to property and to assume all risks including; civil disturbance, riot, public commotion, negligent acts or violence of third parties arising from or related to the OCTOBER 8TH, 2022 car show Release all event officials, jointly and severally from any liability arising from said event. No alcoholic beverages, firearms or glass containers permitted. Warrant that the undersigned has personally read the above rules, maintains a valid auto liability policy, and will abide by said rules and regulations and the event policies on date of show.

Print name: _____

Signature: _____ Date: _____