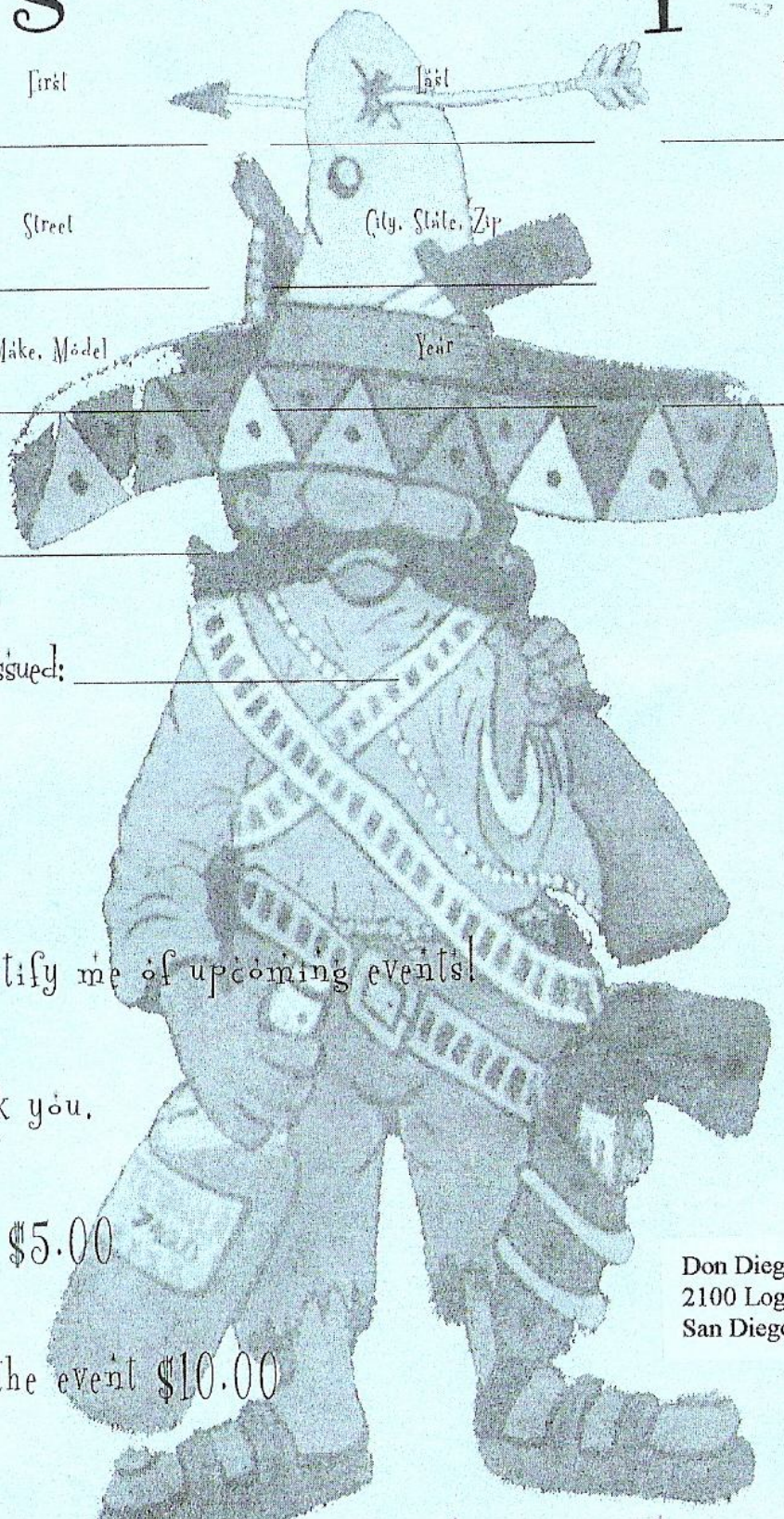
Registration Form



Name: _____ First _____ Last _____ Phone #

Address: _____ Street _____ City, State, Zip

Car: _____ Make, Model _____ Year _____ Category

Car Club: _____

Registration # issued: _____

☐ Yes! Notify me of upcoming events!

☐ No thank you.

☐ Pre-Pay $5.00

☐ Day of the event $10.00

Don Diego VFW Post 7420
2100 Logan Ave
San Diego Ca. 92113

For further information, or any questions
619 519 9228