



# CAR & BIKE SHOW: September 14, 2019

Setup Time: 9 a.m. • Show Hours: 9 a.m. - 2 p.m.

<p style="text-align: center;"><b>REGISTRATION</b></p> <p><b>Vehicle</b> (prior to Sept 13): \$10 each = \$ _____</p> <p><b>Vehicle</b> (Sept 14): \$15 each = \$ _____</p> <p style="text-align: right;"><b>TOTAL:</b> = \$ _____</p>	<p style="text-align: center;"><b>IMPORTANT - PLEASE READ!</b></p> <ul style="list-style-type: none"> <li>• Event will be held rain or shine, <b>no refunds.</b></li> <li>• MWR has the right to ask participants to remove items that may not be appropriate for display.</li> <li>• Payments may be made in cash, check or credit card.</li> <li>• All "Day of Show" registrations <b>must be CASH.</b></li> </ul>								
<p>Make: _____ Model: _____</p>									
<p style="text-align: center;"><b>Please check your vehicle's category (select no more than TWO):</b></p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Classic</td> <td><input type="checkbox"/> Truck</td> <td><input type="checkbox"/> Import</td> <td><input type="checkbox"/> Rat Rod</td> </tr> <tr> <td><input type="checkbox"/> Motorcycle</td> <td><input type="checkbox"/> Muscle Car</td> <td><input type="checkbox"/> "under construction"</td> <td></td> </tr> </table>		<input type="checkbox"/> Classic	<input type="checkbox"/> Truck	<input type="checkbox"/> Import	<input type="checkbox"/> Rat Rod	<input type="checkbox"/> Motorcycle	<input type="checkbox"/> Muscle Car	<input type="checkbox"/> "under construction"	
<input type="checkbox"/> Classic	<input type="checkbox"/> Truck	<input type="checkbox"/> Import	<input type="checkbox"/> Rat Rod						
<input type="checkbox"/> Motorcycle	<input type="checkbox"/> Muscle Car	<input type="checkbox"/> "under construction"							

Name/Vendor: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

The US Army and Aberdeen Proving Ground assume no liability nor will not be liable for any injuries, accidents, or losses due to any acts or omissions of any participants or patrons of Oktoberfest. I understand and acknowledge that I will assume all responsibility for my vehicle(s) and belongings.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail this completed form with payment to:

**Community Recreation**  
Bldg 3326 Ashbury Street  
APG, MD 21005

Checks payable to: **IMWRF**



...or hand deliver with payment to:

**Community Recreation**  
Bldg 3326 Ashbury Street  
APG, MD 21005

**Questions: 410-278-4011 / 4907**



## FOR OFFICE USE ONLY:

DATE RECEIVED: \_\_\_\_\_ AMOUNT RECEIVED: \$ \_\_\_\_\_ TABLE # \_\_\_\_\_

MASTERCARD  VISA CARD # \_\_\_\_\_ EXP DATE: \_\_\_\_\_ CONF SENT: \_\_\_\_\_