



CAR & BIKE SHOW: September 15, 2018

Setup Time: 10 a.m. • Show Hours: 11 a.m. - 2 p.m.

REGISTRATION	IMPORTANT - PLEASE READ!								
<p>Vehicle (prior to Aug 30): \$10 each = \$ _____</p> <p>Vehicle (Aug 30 & after): \$15 each = \$ _____</p> <p style="text-align: right;">TOTAL: = \$ _____</p>	<ul style="list-style-type: none"> • Event will be held rain or shine, no refunds. • MWR has the right to ask participants to remove items that may not be appropriate for display. • Payments may be made in cash, check or credit card. • All "Day of Show" registrations must be CASH. 								
<p>Make: _____ Model: _____</p>									
<p>Please check your vehicle's category (select no more than TWO):</p>									
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%;"><input type="checkbox"/> Classic</td> <td style="width: 25%;"><input type="checkbox"/> Truck</td> <td style="width: 25%;"><input type="checkbox"/> Import</td> <td style="width: 25%;"><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: _____