



“Wheels for The Wheel”

Vehicle Registration Form

Participant Information:

Owner/Participant Name: _____

Address: _____

City: _____ State: _____ Zip Code _____

Contact Phone Number: _____

Vehicle Information:

Year: _____ Make: _____ Model: _____

Color: _____

Modified? Yes: _____ No: _____

Special Parking Requests? (For vehicles with low ground clearance for parking, etc.)

Yes: _____ Reason for Request: _____ No: _____

Any Club Affiliation: Yes: _____ No: _____

Name of Club: _____

How Did you hear about the event? _____

How many miles will you be traveling to attend? (Approx.): _____

For Event Staff Only: Registration Number _____ Class Designation Color _____ Fee Received _____