

# 22<sup>nd</sup> Annual Virginia Fall Classic Registration



Vehicle Owner's Name(s): \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Apartment #: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ \*Phone: (\_\_\_\_) \_\_\_\_\_  
 \*E-mail: \_\_\_\_\_ \*Cell: (\_\_\_\_) \_\_\_\_\_

**\* Pre-registering? Add a phone number or email address to be notified of any scheduling changes**

### 2024 VFC T-Shirt Pre-Orders

Make sure you get the size you want!

Enter quantity requested under each size. *(Some shirts will also be available at the show.)*

S (\$20)	M (\$20)	L (\$20)	XL (\$20)	2XL (\$20)	3XL (\$25)	
						T-Shirt Order Total: ↓
\$	\$	\$	\$	\$	\$	\$ _____

### Saturday and Sunday October 19-20, 2024 \* Car, Truck & Bike Show

#### Pre-Registration Pricing **(Must be post-marked by Oct 1, 2024)**

(Email vehicle photo to [webmaster@vafallclassic.org](mailto:webmaster@vafallclassic.org) by Oct 1<sup>st</sup>. First 100 will be in the program.)

<b>Circle One</b> →	Saturday Only	Sunday Only	Both Days		Totals
First Vehicle	\$20.00	\$20.00	\$35.00	x 1 =	
Secondary Vehicles	\$10.00	\$10.00	\$15.00	x =	

#### Show Day Pricing

<b>Circle One</b> →	Saturday Only	Sunday Only	Both Days		Totals
First Vehicle	\$25.00	\$25.00	\$45.00	x 1 =	
Secondary Vehicles	\$10.00	\$10.00	\$20.00	x =	

#### Vehicle(s) Entered

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

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Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Pre-registration receipt confirmation requested. Available via email or self-addressed, stamped envelope.

**Location:** Newport News Park, 13560 Jefferson Ave., Newport News, VA

**Saturday:** Registration 9:00 am to 12 noon.....**Sunday:** Registration 9:00 am to 1:00 pm

**Additional Donation =** \$ \_\_\_\_\_

**Disclaimer:** This is a charity event...**NO REFUNDS!**

**Grand Total =** \$ \_\_\_\_\_

**Release and Certification of Insurance:** By signing below, I/we hereby release the Virginia Fall Classic committee, the City of Newport News, and any and all organizers, sponsors and volunteers for the Virginia Fall Classic from any and all liability associated with the events. I also certify that I have at least the minimum necessary insurance required by the Commonwealth of Virginia. This form must be signed to be processed.

Make checks payable to **“Virginia Fall Classic”** and mail to VFC, 287 Wythe Creek Rd, Poquoson, VA 23662

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

**For more details and important updates, please visit [www.vafallclassic.org](http://www.vafallclassic.org)**