



REGISTRATION ANTIQUÉ VEHICLES 37TH EDITION

Participant name: _____ Participant #: _____

Company name: _____ email: _____

Participant address: _____ / _____
Rd P.O. Box
_____ / _____ / _____
City Province Zip code
_____ / _____ / _____
Phone Cellulaire Fax

Vehicle(s) description			
MAKE	MODEL	YEAR	ENGINE

Brief description of vehicle

Don't forget to send some pictures of your vehicles.