

CARD NUMBER: _____

JONES FAMILY MEDICINE CLINIC
12TH ANNUAL SEPTEMBER SHOWOFF
CAR SHOW 2023
REGISTRATION

DATE: September 23, 2023

\$40 REGISTRATION FEE

NAME: _____ **EMAIL:** _____

ADDRESS: _____ **PHONE:** _____

VEHICLE IDENTIFICATION

CHOOSE YOUR CATERGORY (FROM THE BALLOT SHEET): _____

MAKE/MODEL: _____

YEAR: _____ **T-SHIRT SIZE:** _____

***LIABILITY:** Entrants and Participants, by execution of this form, Release and Discharge The State of Mississippi, County of Jones and Jones Family Medicine Clinic and anyone else connected with the **Management or Presentation of The Car/Truck/Bike Show** from any and all damages, injuries, judgments, and/or claims from causes what so ever may be suffered by Entrants or Participants to his/her personal property.*

SIGNATURE: _____

DATE: _____

MAKE CHECKS PAYABLE TO: JFMC SEPTEMBER SHOWOFF 2023

MAIL REGISTRATION FORM/FEE TO:

*JFMC's SEPTEMBER SHOWOFF
30 CIRCLE J DRIVE STE.1
LAUREL, MS 39440*