

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 CATEGORY (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*