



MID-ATLANTIC _____ TOUR

**Do Not Mail
Before**

Dates, city and state

Title of your tour

LIMITED TO ____ CARS

Driver must be a current VMCCA member to participate

PLEASE PRINT

Owner _____

Driver (If not same) _____

Address of Driver _____

City, State, ZIP _____

Phone (home) _____ (cell) _____

E-mail Address _____

Print Names for Name Tags (If children, please indicate ages)

Driver _____

Passenger 1 _____

City & State _____

Passenger 2 _____

City & State _____

Vehicle Year _____ Make _____ Body style _____ Color _____

State & License plate number _____ Trailer parking needed Yes _____ No _____

Owner/Driver Commitment/Release Statement: I hereby agree to enter the vehicle described in the **Mid-Atlantic spring or fall Tour**.

In consideration of the right to enter this event and other valuable considerations, I (we) do hereby agree to indemnify, protect and hold harmless VMCCA and its Chapters, Regions, Officers and Representatives from and against any claims, costs, liabilities and attorneys' fees arising from damage or injury, actual or claimed, of any kind or nature to property or persons, resulting from my (our) participation in the date **MID-ATLANTIC VMCCA spring or fall TOUR**. The owner/driver has proof of bodily injury and property damage liability insurance on the entered vehicle in the amount of at least \$100,000 per person, \$300,000 per accident bodily injury and \$100,000 property damage liability, or \$300, combined single limit liability insurance.

Name of Insurance Company: _____ **Policy #** _____ **Policy Term** _____

The owner/driver certifies that the described vehicle entered in this event has passed the requirement of the motor vehicle authorities of the state in which the vehicle is registered, and the vehicle is legally registered and/or licensed. The VMCCA and its representatives will not, and cannot, be held responsible for the "safety certification" of any participating vehicle.

Signed (Owner) _____ Date _____ Driver (if different) _____ Date _____

REGISTRATION FEES

Vehicle and Driver \$XXX.00 \$ _____

Passenger(s) \$.XXX.00 x _____ \$ _____

Non- VMCCA Driver annual dues \$ 40.00 \$ _____

TOTAL Tour Registration (Payment Enclosed) \$ _____

Includes: Tour book, hospitality room, dinners: _____ lunches: _____ admissions: _____

Make check payable to **MID-ATLANTIC Region VMCCA** and mail your registration to: Name and address of registrar
Include Tour Director's name, address, phone number and email.

HOST HOTEL: Name, address and phone number. Rate: \$.XXX.00 plus tax. State if breakfast is included

Mention: Mid-Atlantic Tour VMCCA. Block of hotel rooms end: date. Note if trailer parking is needed . YES or NO