



MID-ATLANTIC REGION

SPRING TOUR

May 17-20, 2026, Altoona, PA

Alleghany Wheels Thru Time

LIMITED TO 40 CARS – UNTIL FULL

Driver must be a current VMCCA member to participate

**Do Not Mail
Before
March 1st, 2026**

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 Region Spring 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 **2026 MID-ATLANTIC VMCCA SPRING 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 \$185.00 \$ _____

Passenger(s) \$100.00 X _____ \$ _____

Non- VMCCA Driver annual dues \$ 58.00 \$ _____

TOTAL Tour Registration (Payment Enclosed) \$ _____

Includes: Tour book; hospitality room; dinners: 1; lunches: 2; admissions: all points of interests

Make check payable to **MID-ATLANTIC REGION VMCCA** and mail your registration to:
Eileen Eby - 16462 Fairview Road, Hagerstown, MD 21740 Email: farmermat@aol.com Cell: (301) 491-2400

HOST HOTEL: Hampton Inn 180 Charlotte Drive, Altoona, PA 16601 (814) 941-3500 phone Rate: \$159.00 plus tax, includes Breakfast. Mention: Mid-Atlantic Tour VMCCA. Block of hotel rooms ends May 1, 2026.