



GTOAA PONTIAC MUSEUM REGIONAL REGISTRATION

CAR SHOW REGISTRATION # _____ (Leave Blank)

CAR SHOW CLASS # _____ (See classes at www.gatewaygto.org)

OWNER/PARTICIPANT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

YEAR: _____ MODEL: _____ COLOR: _____

CLUB AFFILIATION: _____

GTOAA MEMBER? _____ (YES OR NO) INTERESTED IN GTOAA? _____

COST: 1 DAY: \$20.00 _____ 2 DAYS: \$30.00 _____

BUFFET DINNER (SAT @ PARK - CHICKEN & PASTA): \$25.00 EA _____

TOTAL ENCLOSED: \$ _____

MAIL TO: Will Bowers 1 Goshen Woods, Edwardsville, IL 62025-Payable to
Gateway GTO Association. Confirmations will be sent via email.

By signing below, you accept responsibility for your vehicle and yourself and you release the Regional organizers from any and all liability.

OWNER/PARTICIPANT SIGNATURE: _____ DATE: _____