



EXHIBIT – AUTOMOBILE
December 3-6, 2009

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Alternate Phone#: _____

Email: _____

Trailer License Plate: _____

Year: _____ Make: _____

Model: _____

Body Style: _____

No. of Cylinders: _____ Coach Builder: _____

Color: _____

Interesting background information about the car:

*PRINTING DEADLINE FOR EXHIBIT INFORMATION IN THE
VINTAGE WEEKEND PROGRAM IS 11/12/09.*

Please return both the exhibit and registration form to:

Islande Dillon ~ Tel. (305) 367-5896 ~ Fax (305) 367-5945