



## CAR SHOW REGISTRATION FORM

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

T-Shirt Size: (Circle One)    S    M    L    XL    XXL

Make \_\_\_\_\_

Model \_\_\_\_\_

Year \_\_\_\_\_ Color \_\_\_\_\_

\_\_\_\_\_  
PARTICIPANT SIGNATURE

\_\_\_\_\_  
DATE

**Saturday, August 9, 2014**  
Moore County Courthouse Square  
Dumas, TX

10am - 3pm, Car Line-up 9am  
\$25 early reg fee

Cash drawing for  
participants every  
1/2 hour!!!



**RETURN REGISTRATION  
FORMS & PAYMENT**

**dreams of a CURE**  
PO Box 1982  
Dumas, TX 79029

**CHECKS MADE PAYABLE TO:  
NATIONAL MS SOCIETY**

REGISTER ONLINE:  
**dreamsofacure.org**



By signing above, I am agreeing to the TERMS, CONDITIONS, & WAIVER OF LIABILITY: In consideration of your accepting this entry, I, the undersigned, intending to be legally bound, hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against *dreams of a CURE*, their representatives, successors, and assigns, for any and all injuries or damages arising from accidents to persons or property occasioned during the set-up, break-down and periods of show time. Further, I hereby grant full permission to *dreams of a CURE* and/or agents authorized by them, to use any photographs, videos, motion pictures, recordings and any other record of this event for any legitimate purpose. As a general rule, I am aware that *dreams of a CURE*, their representatives, successors, and assigns, retains all personal information internally and for the sole use of the event only. I understand that my personal information will not be shared with third parties. Non-personal information of registrants (i.e. car information and photos) is collected and used for advertising purposes only. I know that my registration is not complete/accepted without my signature and payment verified.