

**Don Nicholson Charity Car Show**  
**Registration Form**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

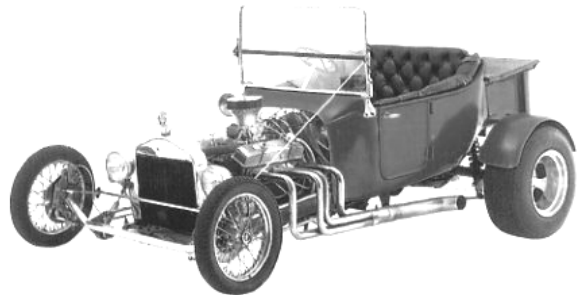
Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Additional Description: \_\_\_\_\_

Show Number: \_\_\_\_\_  
(Assigned by Car Show Staff)

*Vehicle owners agree to hold harmless the Western Wayne Skill Center, Livonia Public Schools, and the Don Nicholson Charity Car Show Group.*

*Vote for Me!*



Show # \_\_\_\_\_

Vehicle Description: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

City: \_\_\_\_\_