



Bethpage Federal Credit Union **All Car and Truck Show**

presented by
Long Island Vettes®



Proceeds to benefit:

Free Spectator
Admission



Sunday July 9, 2017

(Rain date: Sunday July 16, 2017)

9:00 AM to 4:00 PM

Car registration at 7:00 AM

Music by
PARTY TRAIN

Many Vendors
(Jewelry, Crafts,
Makeup, Toys, Car Care,
Food, . . .),
Fun for Everyone!

Bethpage Federal Credit Union

899 South Oyster Bay Road, Bethpage, NY 11714

Car/Truck pre-registration: \$15
(Day-of-show: \$20)

First 100 cars/trucks to pre-register will be judged.

Expanded parking field for additional vehicles and vendors.

For info, contact Mike Comparetto at 516-297-8352 or email bfcucarshow@yahoo.com.
Visit us at www.longislandvettes.org.

All Makes, Models,
and Years Welcome!
Plenty of Trophies!

Thanks to our sponsors:





ID Number – LIV use only

2017
Bethpage Federal Credit Union
All Car and Truck Show
Registration Form
and
Release and Waiver of Liability

I AGREE to insure my vehicle and property against loss, damage and liability, and to provide proof of such insurance to Long Island Vettes[®] (LIV), at the time of registration.

I AGREE to assume risk of any and all damages or injury, and to indemnify and hold harmless, LIV, BFCU, and all sponsors, its officers, directors, agents, employees and event workers, for any acts or omissions which may result in the theft, damage, and destruction of my property, or injury to me or others, occurring during or as a consequence of, this event, wherever located.

I AGREE that the use of drugs and/or alcohol by me or anyone I have attending this event is strictly prohibited.

I AGREE to take up one - and only one - parking spot, as is assigned to me by the event workers.

Our insurance requires all entrants to complete, sign, and date this liability release prior to admission. Please fill out completely. Please PRINT clearly.

Entrant Information

Name: _____ Phone: (____) _____
Address: _____
City: _____ State: _____ Zip: _____
Email Address: _____
Vehicle Year: _____ Make: _____ Model: _____
Color: _____ Odometer Reading: _____
Check Number: _____ Amount: _____
Signature (required): _____ Date: _____

Payment Instructions

Mail this entire flyer with your check payable to **Long Island Vettes[®]** to:

Long Island Vettes[®]
PO Box 63
Levittown, NY 11756-0063

We recommend that you make a copy of this flyer for your records.

www.longislandvettes.org