



Long Island Vettes, Ltd®  
 "LIV the Dream"®



**BETHPAGE FEDERAL CREDIT UNION**  
**ALL CAR & TRUCK SHOW**  
**PRESENTED BY LONG ISLAND VETTES®**



**Thanks to our Sponsors:**



**MARINO**  
 WEALTH MANAGEMENT

**ADDITIONAL SPONSOR  
 AND VENDOR SPOTS  
 AVAILABLE. DON'T  
 MISS OUT.  
 CALL US!**

**Our Charity:**



**Sunday, July 21, 2024 – 9:30 AM - 3:30 PM**

**Rain date: Sunday, July 28, 2024**

**Come on down to Bethpage Federal Credit Union  
 899 South Oyster Bay Rd | Bethpage | NY  
 for our All Car & Truck Show!**

**This will be a wash-and-shine judged show.**

**Show cars may enter at 7:00 AM.**

**\$20.00 per vehicle for early registration**

**\$30.00 per vehicle day-of-show.**

**Early registration is strongly advised.**

**Early Registration cut-off date is July 12, 2024**

**Day of show registration closes at 11:30 AM sharp.**

**Long Island Vettes reserves the right to limit the number of cars  
 to be judged at 100. Entry for spectators is free.**

**Multiple vendors will be on-site.**

**This show supports *Last Hope  
 Animal Rescue & Rehabilitation.***

**For additional information, text John A. at 516-297-6908, Phil P.  
 at 516- 987-5614 or email the club at [livettesclub@gmail.com](mailto:livettesclub@gmail.com)**

**Funds can be sent by Zelle to: [zelle@longislandvettes.org](mailto:zelle@longislandvettes.org)**

**Scan QR code to register online:**





ID Number – LIV use only

**LONG ISLAND VETTES<sup>®</sup>**  
**2024 BFCU ALL CAR & 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, Ltd. at the time of entry, if requested.

I AGREE to assume risk of all damages or injury, and to indemnify and hold harmless, Long Island Vettes, Ltd., and all sponsors, their 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 because 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.

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

**Entrant Information**

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Car 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<sup>®</sup>** to:

Long Island Vettes<sup>®</sup>  
PO Box 63  
Levittown, NY 11756-0063

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

[www.longislandvettes.org](http://www.longislandvettes.org)