



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



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



Thanks to our Sponsors:



The Fidge Factor
Website Design

**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**

Scan QR code to register online:





ID Number – LIV use only

LONG ISLAND VETTES®
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®** 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