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IS NOW

**FOUR8LEAF**  
Federal Credit Union

**Lasthope**  
Animal Rescue and Rehabilitation 

## Show Sponsors



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**Sunday, July 13, 2025 – 9:30 AM - 3:30 PM**  
**Rain date: Sunday, July 20, 2025**

Come on down to FourLeaf Federal Credit Union (formerly BFCU) located at 899 South Oyster Bay Rd., Bethpage, NY for our All Car & Truck Show! This will be a 70-trophy wash-and-shine judged show. Show cars may enter at 7:00 AM. \$20.00 per vehicle for early registration, or \$25.00 per vehicle day-of-show. Early registration is strongly advised. Early Registration cut-off date is July 5, 2025. 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 one hundred. 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 or 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 on right to register online



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



**LONG ISLAND VETTES, LTD.®**  
**FOURLEAF FEDERAL CREDIT UNION**  
**ALL CAR & TRUCK SHOW 2025**  
**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, Ltd.®** to:  
Long Island Vettes®  
PO Box 63  
Levittown, NY 11756-0063  
OR Zelle \$20.00 to [zelle@longislandvettes.org](mailto:zelle@longislandvettes.org)

***We recommend that you make a copy of this flyer for your records.***  
[www.longislandvettes.org](http://www.longislandvettes.org)