

PLEASE PRINT THIS FORM OUT AND MAIL IN ALONG WITH A CHECK
FOR \$15.00 OR \$20.00 SAMEDAY TO:

American Family Insurance
Clint Bedell Agency
1900 N Main St.
Higginsville, MO 64037

MAKE CHECKS PAYABLE TO: Higginsville Cruise Night

Registration # _____ * FOR OFFICE USE ONLY*

CONTACT INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____

VEHICLE INFORMATION

Year: _____ Color: _____

Make/Model: _____

SIZE OF FREE T-SHIRT: _____

Additional t-shirts available for \$10.00/per shirt

PARADE ENTRY AT 3PM: _____

I hereby assume full and complete responsibility for any personal injury to myself or others in my party, or for any loss or damage to my automobile(s), equipment, and personal property whether by accident, vandalism, acts of God, or any other cause which may occur during my participation in this event, and hereby indemnify, release, and hold harmless from any and all claims the entity known as Higginsville Cruise Night, it's directors, officers, and volunteers. By signing below I agree that I have read this document in its entirety.

SIGNATURE: _____ PD: _____