ARTHRITIS FOUNDATION CLASSIC AUTO SHOW
CONCOURS d'PORSCHE REGISTRATION FORM
July 9 & 10, 2010

NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE: _____
E-MAIL:_____

PORSCHE VEHICLE(S) BEING ENTERED:

(Please indicate if you wish to have your car judged -- or displayed without being judged)

CLASS	YEAR	MODEL	COLOR	BODY STYLE	JUDGED	DISPLAY
_____	____	_____	_____	_____	_____	_____
_____	____	_____	_____	_____	_____	_____
_____	____	_____	_____	_____	_____	_____
_____	____	_____	_____	_____	_____	_____
_____	____	_____	_____	_____	_____	_____
_____	____	_____	_____	_____	_____	_____

Full Concours Classes:
4501 – all 356 & 914
4502 – all 911, 912 air or water cooled
4503 – all front engine models
4504 – all Boxster & Cayman

Show & Shine Classes:
4505 – all air-cooled models
4506 – all front engine models
4507 – all water cooled rear or mid-engined

___ Yes, I would like to be a Concours judge. (Instruction will be given, experience not necessary)

FRIDAY, JULY 9 CRUISE-IN REGISTRATION:
$25 per vehicle x _____ # vehicles = $_____

SATURDAY, JULY 10 CONCOURS d'PORSCHE PRE-REGISTRATION:
$25 per vehicle x _____ # vehicles = $_____

REGISTRATION FOR BOTH DAYS – FRIDAY & SATURDAY:
$45 per vehicle x _____ # vehicles = $_____
$25 per additional vehicle x _____ # vehicles = $_____

Additional Charitable Donation $_____
TOTAL DONATION $_____

Make checks payable to: **ARTHRITIS FOUNDATION CENTRAL OHIO CHAPTER**
and mail **by July 1** to: Andy Trux
6217 Balmoral Drive
Dublin, OH 43017

or The Arthritis Foundation
3740 Ridge Mill Drive
Hilliard, OH 43026