



Nick Nigosian Memorial Car Show

First Annual

8:00 a.m. - 12:30 p.m.

Saturday, March 23, 2024 ~~10:00 a.m. - 2:00 p.m.~~

Downloaded from SoCalCarCulture.com

Southwest Community Church

77701 Fred Waring Drive ~ Indian Wells CA 92210

FREE for All Ages

Proceeds to Benefit: The Desert Cancer Foundation

Vehicle Registration: \$40



Nick Nigosian Memorial Car Show Registration Form

Name _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

E-mail Address _____

T-Shirt Size _____

Entrant's Car/Vehicle Information:

Year _____ Make _____ Model _____ License # _____

The Nick Nigosian Memorial Car Show will take place rain or shine, unless inclement weather causes cancellation. There is no rain date and no refunds will be issued should it rain, your entry fee will be considered a donation to the Palm Springs Cruisin' Association, a 501(c)(3) charitable non-profit organization.

Gate opens to the registrants at 7:00 a.m. and entrant must be parked by 8:00 a.m. Show starts at 8:00 a.m. and ends at approximately 12:30 p.m. at the conclusion of the awards ceremony. Entrants shall not remove their vehicle prior to the conclusion of the awards ceremony without permission from a show official.

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 the Palm Springs Cruisin' Association, its directors, officers, and volunteers. By signing I agree that I have read this document in its entirety.

Entrant Signature: _____ Date: _____

Entrant receives a Free T-Shirt (limited edition T-Shirt ONLY available with Pre-Registration)

Please sign waiver, and mail with registration fee to:

**PALM SPRINGS CRUISIN' ASSOCIATION (PSCA)
c/o 74801 Hovley Lane East #14063, Palm Desert, CA 92255**

Payment Method: _____ Check _____ Cash _____ Credit/Debit Card

Name of Card: _____

Credit Card #: _____ Exp _____ CCV: _____

_____ I authorize the above credit card to be charged \$40.00 by the Palm Springs Cruisin' Association. Checks should be written to Palm Springs Cruisin' Association (PSCA). This fee is non-refundable.

Signature