

4th
CAR SHOW

LAKE ARROWHEAD

CLASSIC CAR & MOTORCYCLE
SHOW



25 JULY

in honor of Scott Hughes

2015

**PRIZES, LIVE MUSIC,
SHOPS, RAFFLES, VENDORS,
50/50 DRAWING**



GRS FOUNDATION



**Lake Arrowhead Village 28200
Hwy 189. lake Arrowhead, Ca**



LAKEARROWHEADCLASSICCARSHOW.WORDPRESS.COM



LAKE ARROWHEAD 4TH ANNUAL CAR & MOTORCYCLE SHOW

SATURDAY JULY 25TH, 2015

10:00 AM — 3:00 PM

LAKE ARROWHEAD VILLAGE, LAKE ARROWHEAD, CA
GATES OPEN FOR PARTICIPANTS AT 8:30 AM
OPEN TO ALL RODS, CUSTOMS, CORVETTES, TRUCKS,
SPECIALTY & MOTORCYCLES
(LIMITED TO 150 ENTRIES)



If you would like to make donations please make
payable to: GRS Foundation
C/O: The Grapevine, P.O. Box 2916,
Lake Arrowhead, Ca 92352

For questions regarding Donations call GRS Foundation at (800) 555-1234

**Return this completed form with your Payment payable to: GRS Foundation
C/O: The Grapevine, P.O.Box 2916, Lake Arrowhead, Ca 92352**

**For Participant questions regarding the show call
Jody Hughes at (213) 792-7888**

Detach and return application

Name: _____

Email: _____

Address: _____

City & State: _____

Phone: _____

Number of Vehicles Entering: _____

Vehicle Type(s): _____

PRE-ORDER Event T-Shirts (Only \$15 each!)

(Price NOT included in Registration Fee)



___ M ___ L
of sizes # of sizes
___ X-L ___ XX-L
of sizes # of sizes



___ M ___ L
of sizes # of sizes
___ X-L ___ XX-L
of sizes # of sizes

T-Shirt Subtotal: \$ _____

Early Registration
(By July 10th)

CARS: _____
(\$30) # of Cars

BIKES: _____
(\$25) # of Bikes

OR

Late Registration
(Subject to availability)

CARS: _____
(\$35) # of Cars

BIKES: _____
(\$30) # of Bikes

Registration Subtotal: \$ _____

(Please total Pre-Order T-Shirt & Registration fee) **TOTAL PAYMENT ENCLOSED: \$**

Flyer downloaded from www.SoCalCarCulture.com

The undersigned participant(s) and owner(s) agree(s) to indemnify and hold harmless the sponsors, the Lake Arrowhead Classics Volunteers, Gavin R. Stevens Foundation, their representatives, agents, invitees, guests, and participants from any and all liabilities for loss, injury or damages of any kind occurring before, during, or after the Lake Arrowhead Classics 2015 Car and Motorcycle Show resulting from the event that the undersigned Vendors, participant(s) and owner(s) and the family, relatives, guests, and invitees of participant(s), or others may sustain or incur as a result of participation in the Lake Arrowhead Classics 4th Annual Car and Motorcycle Show. Participant(s) and owner(s) acknowledge(s) that he/she/they have liability insurance as required by the State of California Vehicle Code Sections 16050, et seq., (Proof of Financial Responsibility) in effect for July 25th, 2015, the date of the Lake Arrowhead Classics 4th Annual Car and Motorcycle Show and meet(s) the requirements of California Vehicle Code Section 16020 (Evidence of Financial Responsibility).

Signed: _____

Participant(s) /Owners(s)

Dated: _____



Lake Arrowhead 4th Annual Car & Motorcycle Show

Saturday July 25th, 2015

10:00 Am – 3:00 Pm

Lake Arrowhead Village, Lake Arrowhead, Ca

Gates open for Vendors at 7:00 Am

(Must be here before 8:00 AM)



GAVIN R. STEVENS

FOUNDATION

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Lake Arrowhead, Ca 92352

For questions regarding Donations call GRS Foundation at (800) 555-1234

Return this completed form with your Payment payable to: GRS Foundation

C/O: The Grapevine, P.O. Box 2916, Lake Arrowhead, Ca 92352

For Vendor questions regarding the show call

Jody Hughes at (213) 792-7888

Detach and return application

Name: _____

Email (required to receive Event Day information):

Address: _____

City & State: _____

Phone: _____

PRE-ORDER Event T-Shirts (Only \$15 each!)

(Price NOT included in Registration Fee)



___M ___L

of sizes # of sizes

___X-L ___XX-L

of sizes # of sizes



___M ___L

of sizes # of sizes

___X-L ___XX-L

of sizes # of sizes

T-Shirt Subtotal: \$ _____

Registration (\$50 per 10x10 Booth)

(Must be registered by June 15th, 2015)

_____ # of Booths x \$50 = **Registration Subtotal: \$** _____

(Please total Pre-Order T-Shirt & Registration fee)

TOTAL PAYMENT ENCLOSED: \$ _____

APPON APPROVAL & SUBJECT TO AVAILABILITY

Type of Vendor: _____

Description of Service/Products: _____

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Signed: _____

Participant(s) /Owners(s)

Dated: _____