



Registration Form

2010 VCCA Road Trip - Mississippi In The Spring Time

Name (s) _____ VCCA # _____

Address _____

E-mail _____

Telephone _____ Cell Phone _____

Vehicle: Year _____ Model _____

Registration fee: \$40.00 per person Amount enclosed \$ _____

Make checks payable to: Clay C. Perrine

Mail to: Clay C. Perrine 4001 Springhollow St. Colleyville, TX 76034

Please Sign Below:

The undersigned has adequate insurance and accepts full responsibility for the welfare of their vehicle and passengers while attending the 2010 Road Trip and holds harmless the tour organizers and the VCCA for any claim for personal injury or vehicle damage.

Signature _____ Date _____