

EXHIBITOR REGISTRATION FORM 20_____ EXHIBITOR'S INFORMATION

EXHIBITOR NAME	ADDRESS	
		STATE POSTAL /ZIP CODE:
	-	N.A.P.A MEMBER YES NO
INSURANCE INFORMATION EXHIBITOR'S DO YOU HAVE LIABILITY INSURANCE? TSSA LICENSED OWNER/OPERATORS YOU MUST HAVE 2 MILLION LIABILITY INSURANCE COVERAGE/ A PHOTO COPY IS REQUIRED OF ALL YOUR CERTIFICATIONS & INSURANCE COVERAGE.DO YOU HAVE COPIES AVAILABLE? YES NO		
REGISTRATION INFORMATION		
CHECK OFF TYPE OF EXHIBIT: CAR CRAFTER GAS ENGINES MODELS: RUNNING OR STATIC MOTORCYCLE TRACTOR TRUCK VENDOR OTHER LIST ALL THE PARTICULARS IN SPACE PROVIDED BELOW		
# OF ITEMS YEAR EXHIBITED	MAKE AND MODEL	PARTICULARS
PLAQUE INFORMATION FOR REGISTRATION USE ONLY		
PLAQUE INFORMATION FOR REGISTRATION USE ONLY PLAQUE RECEIVED BY: QTY DATE RECEIVED:		