

PO BOX 4746



NEW WINDSOR, NY 12553

**RE-UP FORM - \$35.00**

**PLEASE PRINT**

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

SPOUSE/PARTNER- NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

KIDS NAME: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

HOW MANY YEARS WITH THE CLUB: \_\_\_\_\_

YEAR OF VEHICLE	MAKE OF VEHICLE	MODEL	ENGINE
1.			
2.			

**I AGREE TO THE FOLLOWING TERMS AND CONDITIONS:**

- \* Not to use my participation to sell or promote commercial services and or products.
- \* Saturday Night Cruisers may post photos of my vehicle(s) on [www.saturdaynightcruisersclubny.com](http://www.saturdaynightcruisersclubny.com) & SNCCC Facebook page & SNCCC Flickr page and any other web pages affiliated with the SNCCC.
- \* Liability Waiver: The applicant upon signing this application agrees to release the Saturday Night Cruisers Car Club, VGR Associates, LLC, Sponsors and any and all participants coordinating this event from any and all known and unknown damages, injuries, losses, judgments and claims that may be suffered by the entrant to his/her person or his/her property. The applicant assumes full responsibility for his/her vehicle(s) and property. Use of drugs and alcoholic beverages are **not** permitted at any Saturday Night Cruisers Car Club Cruises or Shows or on the premises.

APPLICANTS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**SATURDAY NIGHT CRUISERS CAR CLUB BOARD MEMBER AREA:**

DATE RECEIVED: \_\_\_\_\_ METHOD OF PAYMENT: CASH / CHECK # \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_ REGISTRATION #: \_\_\_\_\_