

PO BOX 4746		NEW WINDSOR, NY, 12553
RE-UP FORM \$35.00 PLEASE PRINT		

NAME: _____ DOB: _____

SPOUSE/PARTNER NAME: _____ DOB: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

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 photo's of my vehicle(s) on www.saturdaynightcruisersclubny.com and SNCCC Facebook page and 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 unknown damages, injuries, losses, judgements 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. The 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 #: _____