



2009 MUSCLE CAR 1000

Sunday, October 4 through Thursday, October 9, 2009

27702 Crown Valley Pkwy, Ladera Ranch, CA 92694 Suite D4

• Phone: 949-892-8181 • Fax: 949-218-8469

Be on the A-List, sign-up before July 15th for \$5500. After July 15th, the cost is \$6500.

REGISTRATION APPLICATION

Space is reserved for 1964-1973 American muscle cars, 1962-1968 Cobras and 1958-1973 Corvettes. The field is limited to 40 teams (one car, two participants), so apply now. Organizers reserve the right to select participants. Participants are required to show proof of insurance, sign a hold harmless agreement and provide authenticity documentation for Concours entries.

NAME _____

EMAIL _____

ADDRESS _____

CITY STATE ZIP _____

PHONE (_____) _____ CELL PHONE(_____) _____

PASSENGER NAME _____

JUDGING ENTRY: Year _____ Model _____ Engine _____

HP _____ VIN _____

Exterior Color _____ Interior Color and Fabric _____

Trim Color _____ Convertible _____ Coupe _____

Cars are to complete the entire trip including locations Beverly Hills-Palm Springs-Santa Barbara, and be present at the Awards Gala.



Make check payable to Muscle Car 1000

Send application and check to:

Event Complete
Attention: Michelle Patterson
27702 Crown Valley Pkwy,
Ladera Ranch, CA 92694 Suite D4

Phone 949-892-8181
Fax 949-218-8469
michelle.patterson@eventcomplete.com

PAYMENT METHOD

Check/Money Order Visa MasterCard American Express

Card # _____ Exp. Date _____ CID# _____

Signature (required) _____

Print Name _____

Each team (consisting of one car and two participants) will receive 5 nights of premium hotel accommodations, meals, special activities, Concours d' Elegance, private parties, and the Awards Gala.

Make a photocopy of this application for your records and mail completed application forms and a check for:

___ **\$5,500 made payable to Muscle Car 1000 if **by** July 15, 2009**

___ **\$6,500 made payable to Muscle Car 1000 if **after** July 15, 2009**

Please note Deposit Paid and Form of Payment _____

Cancellations must be received in writing via mail or fax.

There are **no refunds** for cancellations received after **August 20, 2009**.



VEHICLE DESCRIPTION

Entry limited to 1964-1973 American muscle cars, 1962-1968 Cobras and 1958-1973 Corvettes

OWNER OF CAR: _____

YEAR: _____ MAKE: _____ MODEL: _____

VIN: _____ COLOR: _____

BODYSTYLE: _____

DISPLACEMENT: _____ HORSEPOWER: _____

APPROX. TOTAL PRODUCTION: _____

HISTORY: To assist the Eligibility Committee in selecting cars of distinction, please include any additional historic information on your car. Include events entered, position of finish, driver and year. The media may also use this information.

PHOTOGRAPH: Your request for entry **CANNOT** be processed without a current vehicle photograph, one that we can include in the Route Book and copy for the media and publicity releases. Digital files of 300 dpi or color prints of good quality are preferred over slides. If requested, they will be returned.

DRAG RACE: Would you like to drag race? This event is only open to participants in the Muscle Car 1000. YES NO

CONCOURS: Would you like to participate in the Muscle Car 1000 Concours d' Elegance? This event is only open to participants in the Muscle Car 1000. YES NO

MEDIA: Would you consider allowing a member of the media to ride along with you on some stages of the tour? YES NO

PUBLICITY RELEASE: As a condition of acceptance, the driver, entrant/owner and co-driver agree to permit the Muscle Car 1000 to use their name, voice and/or likeness for news or publicity in all media or advertising. We agree that no prior agreement is in conflict with this one.

Driver's Signature: _____ Date: _____

Co-Driver's Signature: _____ Date: _____



Entrant/Owner's Signature*: _____ Date: _____

***Required if different than Driver's Signature**

DRIVER/CO-DRIVER ENTRY INFORMATION TO AVOID DELAYS IN PROCESSING YOUR REQUEST, PLEASE PROVIDE ALL OF THE INFORMATION AND 300 DPI PHOTOS REQUESTED. ALL INCOMPLETE FORMS WILL BE RETURNED.

DRIVER INFORMATION:

DRIVER'S NAME: _____

ADDRESS: _____

CITY: STATE: ZIP: _____

PHONE (W): _____ (H): _____ (C): _____

FAX: _____ EMAIL: _____

EMERGENCY CONTACT: _____ PHONE: _____

RACING/AUTOMOTIVE AFFILIATIONS: _____

BRIEF PERSONAL HISTORY (ESPECIALLY AS RELATED TO AUTOMOBILES): _____

SIZES: SHIRT: _____ HAT: _____ SHOES: _____

CO-DRIVER INFORMATION:

DRIVER'S NAME: _____

ADDRESS: _____

CITY: STATE: ZIP: _____

PHONE (W): _____ (H): _____ (C): _____

FAX: _____ EMAIL: _____

EMERGENCY CONTACT: _____ PHONE: _____

RACING/AUTOMOTIVE AFFILIATIONS: _____

BRIEF PERSONAL HISTORY (ESPECIALLY AS RELATED TO AUTOMOBILES): _____



SIZES: SHIRT: _____ HAT: _____ SHOES: _____



COST:

ENTRY FEE: Registration fee required \$6,500/\$5,500 (include form) \$ _____

ACCOMMODATIONS: We will require separate rooms for accommodations

(requires an additional \$2,000.00 fee) \$ _____

We would like to make an additional contribution to HeRO \$ _____

DEPOSIT PAID: \$3,250.00 \$ _____

TOTAL ENCLOSED: \$ _____

TRAILER PARKING: We want 6 day trailer parking. Please contact me regarding venues and costs. _____

Special Needs

I/we will require vegetarian or vegan meal/s while on the tour (please circle who applies to)

-driver only - -co-driver only - -or both-

Please list applicable allergies or special health concerns here _____



OFFICE USE ONLY:

CREDIT CARD: VISA MASTER CARD AMEX CHECK #: DATE:

HOLD HARMLESS AGREEMENT

(Required of all participants)

I, (NAME) _____ agree to insure my vehicle and property against loss, damage and liability, and to provide proof of such insurance at registration. No exceptions.

I agree to assume the risk of any and all damages or injury and to indemnify and hold harmless Muscle Car 1000, its officers, directors, agents, employees, and representatives for any acts or omissions that may result in the theft, damage or destruction of my property or injury to me or to others occurring during or as a consequence of this event, wherever located.

Auto insured with: _____

Policy Number: _____

Policy Expiration Date: _____

AGREED TO AND SIGNED

Print Name:

Signature:

Date

YOU MUST BRING YOUR ORIGINAL INSURANCE POLICY OR VALID
CERTIFICATE OF IN-FORCE INSURANCE TO CHECK-IN October 4, 2009