



SHOW CAR BOOKING REQUEST FORM

The following information must be completed and returned before a Show Car request can be confirmed

Today's Date _____ Name of Contact Making the Request _____

Company _____ Billing Address _____

City _____ State _____ Zip _____

Day Phone (office) _____ Cell Phone _____

E-mail Address _____

1st Location

Company Name _____ Display Dates at this Location _____

Set-up Times _____ Display Times _____

Physical Street Address _____

City _____ State _____ Zip _____

Directions or Special Requests at this Event _____

On-Site Coordinator's Name _____

Day Phone (office) _____ Cell Phone _____

E-mail Address _____

Requesting a Driver Appearance at Additional Cost Yes No; If Yes Autographs Only Public Speaking

2nd Location

Company Name _____ Display Dates at this Location _____

Set-up Times _____ Display Times _____

Physical Street Address _____

City _____ State _____ Zip _____

Directions or Special Requests at this Event _____

On-Site Coordinator's Name _____

Day Phone (office) _____ Cell Phone _____

E-mail Address _____

Requesting a Driver Appearance at Additional Cost Yes No; If Yes Autographs Only Public Speaking

Note: You will be invoiced cancellation fees for any event that is requested and confirmed

