

EPILEPSY YORK REGION PRESENTS
KOOL CARS - A ROAD TRIP TO AWARENESS

REGISTRATION FORM

Name: _____

Street: _____

City: _____ Province: _____ Postal Code: _____

Email Address: _____ Phone Number: _____

Distance driven today: _____ kilometers or _____ miles.

Car/Truck/Motorcycle (Circle one) Vehicle Nickname or Vanity Plate _____

Stock/Custom/Original Street Rod/Replica Street Rod (Circle one)

Make: _____ Model: _____ Year: _____

Club Affiliation if any: _____

The undersigned agrees to indemnify and hold harmless Epilepsy York Region and The Loyal True Blue and Orange Home and their officers, agents, servants, directors, employees or volunteers against all liability of loss or damages that the participant and/or family, relatives, or guests may sustain or incur as a result of claims, or judgements arising from the participants' involvement in the Kool Cars - A Road Trip to Awareness show. Participant(s) acknowledges his/her/their images and vehicles may appear in video and/or still photographs taken at the event and may be used to promote future Kool Cars - A Road Trip to Awareness shows.

Signature _____ Date: _____

Mail to:
Epilepsy York Region
11181 Yonge Street, Suite 206
Richmond Hill, Ontario, L4S 1L2

Fax: 905-508-0920
OR

Email:
tng@epilepsyork.org
OR

For office use only

Registration # _____

Donation Amount: _____