

www.allamericanclassics.net ~ P.O. Box 8007 Hot Springs, Arkansas 71910

## **EVENT REGISTRATION FORM**

Name of event:		
Event Date:	Event Coordinator:	
	Phone:	
	Fax:	, July and the second
	E-Mail:	
Shipping Address:		
Street:		
	State:	
	hone of person who handles the fi	
	Banquet:Other:_	,
Number of Participants:	Cost per person:	
Number of years event has b	peen held:	<del></del>
front expense. Charity agree	items, bid sheets, and display man es to return any unsold pieces of m eir charity cost portion of the sold	emorabilia at no expense to
Signed - AAC Representativ	<u>/е</u>	Date
Signed - Charity Event Coor	rdinator	Date