

Classic Car Applicant

Please fill out form and email to adamscityrecorder@adamstn.org or bring this form with you on day of event and give to city staff. We will also have the forms available day of event.

Print Name:

Address:

Phone Number:

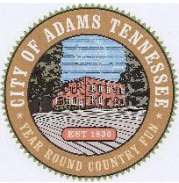
Classic Car Information

Year: _____

Make: _____

Model: _____

Color: _____



Information for City of Adams – For City Staff Only

Date _____

Registered Number of Classic Car:

Quantity of Viewer Votes:

Signature of City Staff:
