



**2010 SFE CLASSIC CAR SHOW REGISTRATION FORM**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ APT# \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_

**VEHICLE INFORMATION:**

MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ YEAR \_\_\_\_\_

LIC # \_\_\_\_\_ CAR CLUB \_\_\_\_\_

**Release of Liability:** I/we the undersigned do hereby waive and release any And all claims against the SPONSORS, BENEFICIARIES, and/or the CITY OF BOISE, IDAHO and/or CAPITAL CONTRIBUTIONS CENTER, INC AND SOUL FOOD EXTRAVAGANZA. from any and all damages, loss, or theft to person Or property resulting either directly or indirectly from the use of said Premises and/or from the exercise of the privileges granted by this permit And shall hold harmless the SPONSORS, BENEFICIARIES, CAPITAL CONTRIBUTIONS CENTER, INC/SOUL FOOD EXTRAVAGANZA from any and all claims resulting Therefore, I/we agree to abide by the rules and regulations of the SOUL FOOD EXTRAVAGANZA and State Laws of Boise, Idaho.

Participant's name (print): \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*\*PLEASE PRINT AND EMAIL TO [coordinator@boisesoulfoodfestival.com](mailto:coordinator@boisesoulfoodfestival.com)  
OR FAX TO 208 473 – 2419 UPON COMPLETION\*\*\*