CAR#	(TCI	use	only)

## 21st Annual Twin City Idlers Show & Shine Sunday June 29<sup>th</sup>, 2025 9am – 3pm Stanwood, WA

## Please complete one form for EACH vehicle

Name:

Address:		City:	State:	Zip:		
Phone:	Email:					
Year: Ma	ake:	Model:				
Club Affiliation:						
		ster before June 10 <sup>th</sup>	-			
	Day of	Registration Fee: \$2	25.00			
Show T-Shirts will be	e available for sale the da	ay of the show. \$20.00	) up to size "L" and \$25	.00 for "XL" and up.		
Judging is d Tro	ration opens at 6:00 am a done by participants, spo ophies will be awarded at at to park as a group, you	nsors and Idler's Judgi approximately 2:00 P	ng Team for awards an M. All decisions are fin	d trophies. Ial.		
Post Office (Stanwood Branch described property. We reser Rollerblades in the show area	o participate, the Twin City Idle  o) or any person or business af- ve the right to refuse entry to  a. There will be No Refunds.  he show. All pets must be on a  vill be permitted.	filiated with this Event sha o any participant or specta No phone reservations. Re	ll not be held liable for any tor. There will be NO bicyo eservations without paperw	loss or damages to the above cles, Scooters, Skateboards or ork will not be accepted. No		
and holds harmless the Twin C with this Event, and the Club's volunteers from all claims for incidental to my participation full assumption of risks of injuexecutors, administrators. Thi attests and verifies that I am I damage that may arise from e aware of the risks involved in	ation of the acceptance to part City Idlers Car Club, the City of S s, City's, School District's and re r bodily injury to myself or da in the Event. The undersigned ury to my person or damage to is Full Release also serves as a lawfully licensed to operate a r ither my participation in the Event, D ACKNOWLEDGE THAT WITHO	Stanwood, the Stanwood-Caspective officers, agent, en amage to my vehicle, or in d fully understands that the o my vehicle and that this full release of claims of any motor vehicle and that I powent, or the participation of and fully assume such ris	amano School District, or an apployees, directors, member bijuries to my person or dar terms of the Full Release si Full Release binds my legal persons accompanying me to seess Liability Insurance to others authorized by me toks for myself. I HAVE REA	y person or business affiliated is, representatives, guests and mage to my vehicle indirectly hall serve as a full release and representative, agents, heirs, to the Event. The undersigned cover bodily injury or property participate in the Event. I am AD THE FULL RELEASE FORM,		
Signature:				Date:		

Mail entire form with check to: Twin City Idlers, P.O. Box 906, Stanwood, WA 98292 Questions Phone (360) 202-9034