

5TH ANNUAL TNT  
**BRITISH CAR SHOW**  
FUNDRAISER FOR CYSTIC FIBROSIS

*Registration Form*

Name(s) : \_\_\_\_\_

Car 1: Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Car 2: Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Car 3: Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Car 4: Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ (home) \_\_\_\_\_ (cell)

Email address: \_\_\_\_\_

Questions email: [ddfrisbee@hotmail.com](mailto:ddfrisbee@hotmail.com)

**Please make  
checks  
payable to:**  
CFF or  
Cystic Fibrosis  
Foundation

**Mail Check and  
Registration to:**  
Debbie Frisbee  
4819 Weston Place  
Jamestown, NC  
27282

*Thank You  
for Your  
Support!*

I am aware of the hazards associated with motor vehicle events and specifically release and do indemnify the organizers, supporting sponsors, site owners, collectively and separately, from any and all liability from personal injury or property damage incurred by me or my guest while participating in this event.

I have read, understand, and agree to the terms of this release.

*Participant Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

*Participant Signature* \_\_\_\_\_ *Date* \_\_\_\_\_