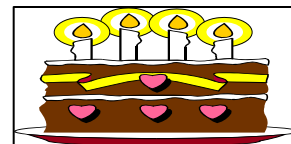




“SWEET 16”



MMCC CORVETTE CUP

APRIL 10, 2010

TO BENEFIT THE CENTRAL-MISSOURI DREAM FACTORY

QUALITY INN of Columbia

1612 N Providence Rd (Exit # 126) Columbia, MO 65202 Phone # 573-449-2491 Fax # 573-874-6720

Be sure to let them know you're attending the event

PRE-REGISTRATION: \$30.00

REGISTRATION AFTER APRIL 3, 2010 : \$40.00

PRE-REGISTRATION GUARANTEES: SATURDAY EVENING MEAL FOR (2) AND (1) EVENT T-SHIRT

Meals ordered day of show are \$ 9.00 ea- must be ordered by 11:00 am. T-shirts day of show \$ 15.00

CAR SHOW	DOOR PRIZES	50/50 DRAWING	BENEFIT AUCTION	NATIONAL CORVETTE MUSEUM WILL BE ON-SITE	LOTS OF OTHER FUN ACTIVITIES
CLASS 1: 1953-1962	<i>SPECIAL AWARDS:</i>	CLASS 8: 2005-2010 CONVERTIBLE			
CLASS 2: 1963-1967		CLASS 9: 2005-2010 COUPE			
CLASS 3: 1968-1977		CLEANEST CORVETTE	CLASS 10: MODIFIED-CUSTOM (OVER 3 MODS ---- JUDGES DECISION FINAL)		
CLASS 4: 1978-1982		CLUB PARTICIPATION	HOST CLASS A: 1953-1982		
CLASS 5: 1984-1996		LONGEST DISTANCE	HOST CLASS B: 1984-2009		
CLASS 6: 1997-2004 CONVERTIBLE		BEST OF SHOW			
CLASS 7: 1997-2004 COUPE		DREAM FACTORY KIDS CHOICE			

Information: Mary Watson 573-886-6115 Dian Pauley 573-874-1482

President: Nellie Symm-Gruender 573-441-2276

Vice-President: Ronda Overfelt 573-289-6584

Secretary: Cheryl Poore 573-489-8695

Treasurer: Alan Watson 573-886-6115

Registration Form: mail to: MARY WATSON 2901 N Lake of the Woods Rd Columbia MO 65201	MAKE CHECKS PAYABLE TO : MMCC This form may be filled in before you print if you have Word
Club:	Yr of Corvette: _____ Class: _____
Name:	Color & Model: Please let registration know if you change cars after registering.
Address:	I verify that the vehicle entered into the MMCC Corvette Cup at the Quality Inn, is insured against loss damage and liability. I agree to assume risk of any damages or injury and to indemnify and hold harmless MMCC, Quality Inn, and the Dream Factory, their officers, directors, agents, employees, and chapters for any acts of omission which may result in theft, damage, or destruction of my property or injury to me or others occurring during or as a consequence of this event.
City:	
State: _____ Zip: _____	
Spouse/Guest Name:	
Phone: _____	
Email: _____	Insurance Carrier _____ Vehicle License No. _____ State _____
Event shirt size <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> XXXL	Signature:
Extra shirt cost is: \$10.00 S-XL \$12.00 XXL-XXXL	Important: All forms MUST BE SIGNED! Unsigned forms will be returned. Thank You for your cooperation.
Extra shirt size <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> XXXL	Extra meals may be ordered in advance at \$ 8.00 ea. Just indicate how many and include in your check.