



Southern California Imperial Owners Inc.

TWENTY-SEVENTH ANNUAL

Imperial Owners Statewide Meet

REGISTRATION FORM

Name _____ Spouse/Partner _____

Guest _____ Second Guest _____

Address _____
Number Street City State Zip Code

Cell Phone (____) _____ - _____ Email _____ Total # in your party _____

All cars entered in the car show must have Liability Insurance. It is recommended that you have a fire extinguisher in each car. No parts cars will be allowed on show field. No "FOR SALE" signs may be in any cars on the show field (they may be parked on the public streets).

Owners of trailered cars are welcomed to show their cars as long as they drive their cars on the Friday tour.

Imperial(s) you are entering in the show:

1) _____
Year Model Body Style Engine Color

2) _____
Year Model Body Style Engine Color

Member(s) Only of the SCIOI or IOANC (please check which applies to you):

_____ Car Show - Register by April 3, 2010 (postmark) \$30 first car = \$ _____

_____ Car Show - Register after April 3, 2010 \$50 first car = \$ _____

_____ Car Show - Each additional car – same owner # _____ of cars x \$20 per car = \$ _____

These next two lines are for Non Member(s) Only (please check which applies to you):

_____ Car Show - Register by April 3, 2010 (postmark) \$40 first car = \$ _____

_____ Car Show - Register after April 3, 2010 (we may have a space & award problem). \$60 first car = \$ _____

_____ Thursday, Palm Springs Follies # _____ of persons x \$44 ea = \$ _____

_____ Friday, Palm Springs Air Museum # _____ of persons x \$9 ea = \$ _____

_____ Friday, Box Lunch . . (see attached) Choice 1) _____, Choice 2) _____, Choice 3) _____, Choice 4) _____ X \$15 ea = \$ _____

_____ Saturday Awards Banquet: Grilled Pacific Salmon # _____ or London broil with Port Wine Sauce # _____ or
Roasted Chicken with Fresh Herbs # _____ # _____ of persons x \$40 ea = \$ _____

Registration Sub-total \$ _____

\$20 Banquet Discount per Imperial shown in Saturday Car Show # _____ X \$20 = minus (\$ _____)

Registration Total \$ _____

Please make your check payable to **SCIOI** and mail with your completed **Registration Form, Signed and Dated Release of Liability and Agreement Forms**, to: SCIOI, 7178 Forum Street, San Diego, CA 92111-3440 **no later than April 3, 2010 (postmarked).**