

REGISTRATION FORM

Skimmer Festival - Antique Auto Show & Parade

Father's Day, Sunday, June 19, 2022 9:00 a.m.—1:00 p.m. (Rain or Shine) 29th St. to JFK Blvd. & Promenade Pre-Registration by June 18, \$8.00 <u>or</u> Same Day Registration, \$12.00

Please complete <u>all</u> registration information and return with your check (payable to Sea Isle Ambulance Corps) to James J. Ambro, Welcome Center, 300 JFK Blvd., Sea Isle City, NJ 08243.

PLEASE LEGIBLY PRINT YOUR INFORMATION BELOW

| Name | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Address | | |
| City | State | Zip |
| Telephone | Email | |
| | AUTOMOBILE INSURANCE INFORMATION | |
| /ehicle Year | Make | Model |
| nsurance Company | | |
| olicy Holder Name | | |
| Address | | |
| | State | |
| Policy Number | Vehicle ID# (VIN) | |
| Effective Date | Expiration Date | |
| of Sea Isle City, its elected and and/or authorities and their be sle City against any and all control which may be asserted, claim its agents, employees, volunt volunteers, and others working death and/or property damag with this contract, unless due | CITY OF SEA ISLE CITY HOLD HARMLESS AGREEMENT and by law, the user agrees to defend, pay on behalf of, in appointed officials, its agents, all employees and volunteers, employees and volunteers, and others of the control of the co | unteers, all boards, commissions working on behalf of the City of Sea ected therewith, and for any damages ty, its elected and appointed officials, eir board members, employees and ersonal injury, including bodily injury os in any way connected or associated |
| Applicant Signature: | Date: | |
| Vitness | FI | yer Downloaded from |