

VEHICLE OWNER/PARTICIPANT NAME:				
ADDRESS:				
CITY:	STATE:	ZIP:		
Phone Number:		Email:		
□ CAR□ TRUCK□ MOTOR	CYCLE]	OTHER- EX	PLAIN:
YEAR: M	AKE:		MODEL:	
COLOR:		MODIFIED:	YES	NO
CLUB AFFLIATION: NAME OF CLUB:	☐ YES	□ NO		
HOW MANY MILES DID YOU DRIVE TO GET HERE:				
HOW DID YOU HEAR ABOUT THE SHOW:				

*You will receive a phone call to pay the registration fee after this form is submitted.

Completed applications can be accepted via website, email at parkevents@mohave.gov, or in person at Davis Camp (2251 Hwy. 68, Bullhead City, AZ 86429) or the Administration Office (3715 Sunshine Drive, Kingman, AZ 86409).