

Antique Cruise-In

Registration Form

Name _____

Address _____

Phone Number _____

E-mail _____

Do you have a: Car _____ Truck _____ Motorcycle _____

If applicable:

Make: _____

Model: _____

Year: _____

Color: _____

All participants please sign-in as you arrive.

**Mail Registration
forms to:
Town of Pulaski
P.O. Box 660
Pulaski, VA 24301
Attention: Barbara Tate**

