

# Memory Lane 2017 - APPLICATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

YEAR: \_\_\_\_\_ (ANTIQUÉ CAR: 1993 or older)

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_

## **MANDATORY RULES:**

**You must be a member in good standing of the A.A.C.A. • You must move in and move out your own car.**  
**All cars must have fire extinguishers on board. • All batteries must be disconnected.**  
**Ignition keys must be left under the driver's floor mat. • "For Sale" signs are NOT permitted.**  
**No cars leaking fuel are permitted. • You must attend the show 3 times to watch over the cars.**

**▶ FUEL IN CAR MUST BE 1/4 TANK OR LESS TO GET IN ◀**

I hereby acknowledge that if my car becomes a participant in *Memory Lane 2017*, my car will be shown for display purposes and NOT FOR SALE. I will be solely responsible for moving in and moving out of my vehicle, and I will not remove my car(s) until after the show. I agree to attend the car show a least three (3) times to help watch the cars. I release the A.A.C.A. South Florida Region, the South Florida Auto Dealers Association, and the City of Miami Beach for any damages that may happen to my car after the car show if I do not remove it from the Miami Beach Convention Center at the close of the show.

I declare that my car is fully insured as stated below. I represent that my car does NOT leak fuel. If my car has to be removed during the show for whatever reason, I am obligated to pay for any costs involved. I hereby grant permission to the A.A.C.A. South Florida Region, the South Florida Auto Dealers Association, or the City of Miami Beach to take whatever steps are necessary to remove my car and return it to my home or any location that may be convenient to the A.A.C.A. South Florida Region if I am not available at the time of removal. I hereby release the A.A.C.A. South Florida Region, South Florida Auto Dealers Association, and the City of Miami Beach from any liability in the event of theft, fire or damage to my vehicle throughout the entire run of the event.

\_\_\_\_\_  
Insurance company

\_\_\_\_\_  
Policy Number

Signature of applicant \_\_\_\_\_

PLEASE RETURN THIS FORM PRIOR TO: AUG. 1<sup>st</sup>, 2017 TO:

Mel Mann, AACA – P.O. Box 56-0248 Miami, FL 33256-0248 - FAX (786) 350-2009

For questions: Call Mel Mann at: 305-378-0254 (evenings)

**If your car is selected, you will be contacted in writing with detailed information.**