

**Sackets Harbor Chamber of Commerce**  
*Cruisin' in the Harbor*  
**CLASSIC CAR, TRUCK and BIKE SHOW**

**Saturday, August 20, 2022, 10am to 3pm**  
**Visitor Center Lawn, West Main Street Sackets Harbor, NY**

**REGISTRATION FORM**

Vehicle ID: \_\_\_\_\_

Vehicle Owner \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ (home) \_\_\_\_\_ (cell)

Email: \_\_\_\_\_

Year: \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Vehicle Type: Car  Truck  Motorcycle  Fire Engine

How did you hear about the show? \_\_\_\_\_

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Line up starts at 10:00 am. Registration at 9:00 am. Please, no large tents.

Donation of \$5 per vehicle appreciated

Goody bags for the first 100 entries!

You can also register online at [sacketschamber.com](http://sacketschamber.com)

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**Liability Statement and Photo Waiver**

**Note:** The Sackets Harbor Chamber of Commerce (SHCC) and the Village of Sackets Harbor will not be responsible for any loss or damage due to theft, weather, property damage or any personal injury during this event. I, the undersigned vehicle owner, take full responsibility for my vehicle while it is part of this car show event. My vehicle will stay until the end of the show for the safety of the participants and spectators attending the show. Your registration indicates acceptance with these terms and conditions.

**Video/Photo Waiver:** I hereby grant permission to the SHCC and its representatives to photograph and video me, and otherwise capture my image, add my vehicle's image, and to make recordings of my voice at the event or location noted on this form. I further grant to the SHCC and its representatives the right to reproduce, use, exhibit, display, broadcast and distribute and create derivative works of these images and recordings in any media now known or later developed as well as my name for promoting, publicizing or explaining the SHCC and its activities and for administrative, educational or research purposes. I acknowledge that the SHCC owns all rights to the images and recordings.

Owner Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Mail registration to Sackets Harbor Chamber of Commerce,**

**PO Box 17, Sackets Harbor, NY 13685. Questions: Email [sacketschamber@gmail.com](mailto:sacketschamber@gmail.com)**