

2026 Fathers Day Rod Run Registration Form

Name _____

Phone # _____

Street _____

City _____

State _____ Zip _____

Vehicle Yr _____ Make _____

Model _____

Club Affil _____

Email Addr _____

Please check what you are registering:

Amount Enclosed

- | | | |
|--|---------|----------|
| <input type="checkbox"/> Show Vehicle before 6/01/26 | \$20.00 | \$ _____ |
| <input type="checkbox"/> Show Vehicle after 6/01/26 | \$25.00 | |
| <input type="checkbox"/> Vendor or Swap Meet | \$25.00 | |

Where did you hear about the show: _____

PLEASE READ THIS

Liability: All entrants, participants, and spectators by execution of this form do so release the Central Florida Street Rod Association, Polk County Board of County Commissioners and all others with the management or presentations from all known and unknown damages, injuries, losses, judgments and or from any cause whatsoever that may be suffered by the entrants to their person or property.

Signature: _____

(Required for valid entry)

Make check payable to: **CFSRA**

Detach & Mail to:

CFSRA
5536 Hogan Lane
Winter Haven, FL 33884