



Wisconsin Memorial Park

caring for people • making a difference®

Participant

First Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

Vehicle

Year: _____ Make: _____ Model: _____
Stock _____ Custom _____ Belong to a Car Club: Yes / No / Which One?: _____
How many miles did you travel to get here today? _____
How did you hear about our Car Show? _____

Payment

Credit Card No. _____ Visa Mastercard
V-Code: _____ Exp. ____ / ____ Cost: \$15 Advance / \$20 Day of Discovery AMEX (circle)

Checks can be made payable to: WMP or WI Memorial Park

Return

Please Mail this form to : Wisconsin Memorial Park
ATTN: Megan
13235 W. Capitol Dr.
Brookfield, WI 53005
(262) 781-7474

****You may also email, but we ask that you call to pay registration over the phone, or bring the day of the Car Show**** Email to:
Megan.patti@Dignitymemorial.com

