



## Project ZERO Car Show Application 2017



Please complete one application per vehicle.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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

License Plate Number: \_\_\_\_\_

If you are a club member, what is your club's name? \_\_\_\_\_

Neither the sponsor(s) nor any committee member including the Township of Manalapan, Borough of Englishtown and the Manalapan-Englishtown Community Alliance to Prevent Drugs and Alcohol Abuse shall be responsible or liable for any loss, damage, or injury to all or any part of the exhibitor's display, vehicle, and/or exhibitor. The exhibitor shall and does hereby waive any and all rights he/she may have against them or anyone for such loss, damage, or injury. We have the right to refuse entry.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit Application to:** Manalapan Englishtown Community Alliance  
120 Route 522  
Manalapan, NJ 07726  
**OR** email to [health@mtnj.org](mailto:health@mtnj.org)

**Event Contact:** Manalapan Health Department  
**Phone:** 732-446-8345  
**Email:** [health@mtnj.org](mailto:health@mtnj.org)

All registrants will receive a Show Certificate.