



Project ZERO Car Show Application 2019

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

Event Contact: Manalapan Health Department
Phone: 732-446-8345
Email: health@mtnj.org

All registrants will receive a Show Certificate.