



CAR NUMBER: _____

**Derby City Mustang Club and Bill Collins Ford
"FORDFEST" October 10th, 2026
37th ANNUAL MUSTANG & OPEN CAR SHOW
CHARITIES: Bill Collins Parkinson's Foundation/Crusade for Children/Active
Heroes**

NAME(S): _____

ADDRESS: _____ **CITY:** _____ **STATE:** ____ **ZIP:** _____

PHONE: () _____ **CELL:** () _____

Please complete one form for each car registered for the show.

CAR YEAR: _____ **MAKE:** _____ **MODEL:** _____ **BODY:** _____ **COLOR:** _____

***** Please check your class: *****

DAILY DRIVEN (True daily drivers only)

Before 1967 _____ **1967—1989** _____ **1990—2004** _____ **2005 – 2014** _____ **2015 – Present** _____

ALL OTHER CLASSES

Before 1967 _____ **1967—1989** _____ **1990—2004** _____ **2005 – 2014** _____ **2015 – Present** _____

**(Cars will be judged on Cleanliness, Quality of workmanship, and Condition - no under carriages judged.)
125 AWARDS WILL BE PRESENTED**

CLUB AFFILIATION: _____

SHOW SCHEDULE: **Registration:** (8:00 AM to 12:00 PM)

Judging: (11:00 AM)

Awards: (4:00 PM) Free dinner during presentation.

ENTRY FEE ALL CLASSES ENCLOSED: \$25.00 _____ **Entry fees donated to Crusade for Children and Active Heroes**
Pre Registration received by Oct. 3rd \$20.00 _____

MAKE CHECKS PAYABLE TO: DERBY CITY MUSTANG CLUB PO Box 43087 Louisville, Ky 40253

Contacts: Gary Price garyprice8084@yahoo.com or Wynn Jefferson wynnjefferson@gmail.com

DISCLAIMER: I agree to abide by all show rules and understand that I am solely responsible for my vehicle and property. Entrants and participants by execution of this entry form, release and discharge Bill Collins Ford, Event Sponsors, Derby City Mustang Club, their officers, directors, employees, agents, representatives, servants and anyone else connected with the presentation of the Derby City Mustang and Bill Collins Ford "Fordfest" event from any and all known and unknown damages, injuries, losses, judgments and/or claims from any cause whatsoever that may be suffered by any entrant or participant to his/her person or property.

SIGNED _____ **DATE** _____

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Financial Credit Union

