



APPLICATION (\$25.00)

Applicant's Name:

Date:

Spouse / Signif. Other's Name:

Address:

City, State, Zip

Phone:

E-mail

Your Month and Day of Birth:

\_\_\_\_\_/\_\_\_\_\_

Spouse / Sig Other Month and Day of Birth:

\_\_\_\_\_/\_\_\_\_\_

Vehicle Information: (year, color, model, make, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Additional Information (optional):

Other Club Affiliations: \_\_\_\_\_

Occupation: \_\_\_\_\_

Hobbies: \_\_\_\_\_

Wedding Anniversary: \_\_\_\_\_

Children/Names: \_\_\_\_\_

I hereby agree to hold harmless the Cruisers of South Florida, Inc. from any loss, liability, damage or costs that might accrue.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Mail Application and Check to:  
*Cruisers of South Florida, Inc.*  
5000 Cleveland St  
Hollywood, Florida 33021