

**Capo Valley Car Show
Registration Form**

Name of Car Owner _____

Make/Model/Year of Car: _____

Division (See flyer for options): _____

Class/Decade (See flyer for options): _____

Owner email: _____

Owner Phone #: _____

**May register your vehicle for one division and one class.

Mail to:
Capistrano Valley High School
C/O Rich Bordner, Wrestling
26301 Via Escolar
Mission Viejo, CA 92692

Make checks out to Capo Valley Wrestling Booster