

Optimal Cares Halloween Car Show



Presented by
**Don't be Scared...
it's for a Good Cause!**

Greenlawn
• BENTONVILLE • FLEMING • WILMINGTON

100% of Net Proceeds
Benefit Optimal Hospice
Foundation



Food
Live Music
Vendor Booths
Prize Drawings
Best of Show
Best of Awards
Trunk or Treat for the Kids
Costume Contest

Saturday, October 26, 2019
10am-2pm

Crest
BAR & GRILL

@ the Bakersfield RV Resort
5025 Wible Road * Bakersfield CA 93313

OPTIMAL
HOSPICE FOUNDATION
A BRISTOL HOSPICE PARTNER

Open to ALL Vehicles Including Motorcycles

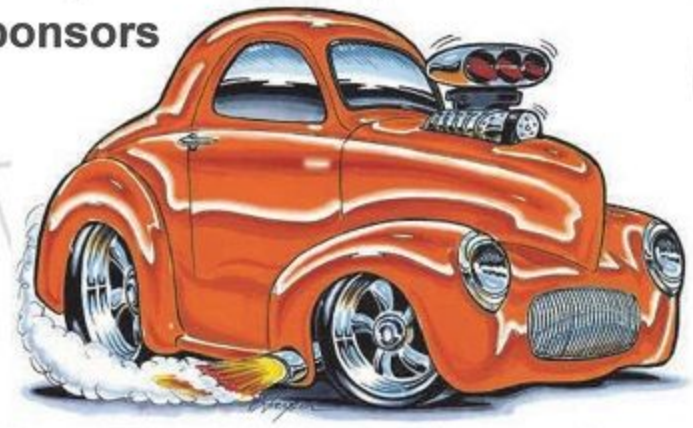
For Event Sponsorships, Entry & Vendor Information
Call Optimal Hospice Foundation @ 661-716-8000,
email cshoemake@optimalcares.com, or visit

www.optimalhospicefoundation.com

Registration Form for Cars, Motorcycles, Vendors & Sponsors

Optimal Cares Halloween Car Show

Saturday, October 26, 2019



Day of Event Schedule

7:30am	Gates Open for Set up
10:00am	Gates Open to Public
10am-1pm	Trunk or Treat
1:00pm	Awards Presentation: Best of Show, Best of Awards, Costume Contest
2:00pm	Event Ends



Presented by



First 100 Entries get a Dash Plaque & T-shirt

Car Show Entry Fee \$30 if you register by October 14, 2019

Entrant/Vendor/Sponsor: _____

Club: _____

Address: _____ City: _____ Zip: _____

Telephone: _____ Cell: _____ Email: _____

VEHICLE: Make/Model: _____ Year: _____ Color: _____
 Proof of Insurance - Name of Provider: _____

VENDOR: Company/Individual Name: _____ Product/Service Description: _____

SPONSOR: (sponsorship opportunities listed on website)

MAKE ALL CHECKS PAYABLE TO: **OPTIMAL HOSPICE FOUNDATION** SEND CHECK TO: 1227 CHESTER AVENUE, BAKERSFIELD CA 93301
 For more information call: 661-716-8000

Tax ID# 99-3334909

Vehicle Entry (\$30 advanced/\$35 after October 14th): \$ _____

Vendor Entry (\$30 and Drawing Prize): \$ _____

Sponsorship: (sponsorship opportunities listed on website): \$ _____

Donation to Optimal Hospice Foundation \$ _____

TOTAL AMOUNT ENCLOSED: \$ _____

For OHF use: Entry # _____

A confirmation letter will not be mailed

Liability Release: In consideration of the acceptance to participate. Entrants, participants, spectators and/or riders release and discharge Optimal Hospice Foundation, its officers, agents, representatives, directors, servants, sponsors, Crest Bar & Grill at the Bakersfield RV Resort and all owners and management of CB&G and any and all clubs and organizations affiliated with OHF or CB&G from any and all known or unknown causes whatsoever that may be suffered by anyone participating in this event to his/her person or property. Event Management reserves the right to restrict entrants and/or their guests to behavior deemed acceptable during all activities of this event, including eviction should it become the opinion of event management that it is in the interest of safety, and/or proper behavior. The undersigned entrants acknowledges by his/her signature as having read and understood the above release of liability and waives all claims as outlined within. Any and all unsigned forms will be returned w/entry and release. Liability release to include passengers.

Signature of Participant: _____ Date: _____

Print Name: _____