



PLEASE PRINT THIS FORM OUT AND BRING WITH YOU ON DAY OF SHOW TO:  
SOUTHWEST SPECIALTY FOOD  
700 NORTH BULLARD AVENUE  
GOODYEAR, AZ 85338

NAME: \_\_\_\_\_ ORDER # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ T-SHIRT SIZE: \_\_\_\_\_

PHONE #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

### VEHICLE INFORMATION

YEAR: \_\_\_\_\_

MAKE/MODEL: \_\_\_\_\_

CLUB AFFILIATION: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_