



VEHICLE REGISTRATION

DATE _____

EMAIL _____

NAME _____

ADDRESS _____

CELL PHONE _____

HOME PHONE _____

VEHICLE #1

MAKE _____ **MODEL** _____

COLOR _____ **LICENSE PLATE** _____ **MHC STICKER #** _____

VEHICLE #2

MAKE _____ **MODEL** _____

COLOR _____ **LICENSE PLATE** _____ **MHC STICKER #** _____

PLEASE BRING IN:

- **CURRENT REGISTRATION**
- **CURRENT PROOF OF INSURANCE**