



Texas Chapter – Texas Plains Road Trip

April 4 – 8, 2016

Monday, Tuesday, Wednesday, Thursday, Friday

Registration Form

Names: _____ NCRS #: _____

Address: _____

City, State, Zip: _____

Phone: _____ E-mail: _____ Cell# _____

Check the days you plan to attend: Monday Tuesday Wednesday Thursday Friday
 Group Dinner-Friday night

Vehicle information:

Year: _____ Make: _____ Model: _____

Complete Vehicle Identification Number: _____

Insurance Company: _____ Policy #: _____

No matter what kind of vehicle you are driving we have to have this information.

Mail or e-mail registration and insurance forms to: John Lejsal
3103 Nottingham
Pearland, Texas 77581
jlejsal@aol.com

HOLD HARMLESS AGREEMENT

I AGREE to insure my vehicle and property against loss, damage and liability and to provide proof of such insurance to NCRS at time of registration. I agree to assume risk of any and all damages and injury and to indemnify and hold harmless NCRS, its officers, directors, agents, employees, chapters, and meet workers for any acts or omissions which may result in the theft, damage or destruction of my property or injury to me or others occurring during, or as a consequence of, this Texas Chapter Road Trip. (**Note: Proof of insurance showing VIN# must be attached to this registration.**)

Signed: _____ Date: _____