

7<sup>th</sup> Annual  
**AHRMA VINTAGE MOTORCYCLE**

**FESTIVAL & SWAP MEET**



**Friday – Sunday**

**May 24-26, 2019**

Gates open 8:00 AM – 5:00 PM

Swap Meet Registration

20' X 20' space with camping & two (2) 3-Day tickets (no electric): **\$20**

Quantity \_\_\_\_\_ Total \_\_\_\_\_

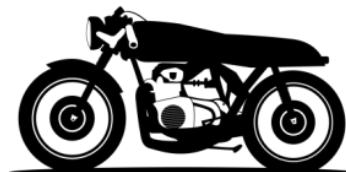
20' X 20' space with camping, electric and two (2) 3-Day tickets: **\$30**

Quantity \_\_\_\_\_ Total \_\_\_\_\_

Additional Weekend Passes:

Friday – Sunday \$18 (\$25 at the gate)

Quantity \_\_\_\_\_ Total \_\_\_\_\_



**Grand Total** \_\_\_\_\_

Name: \_\_\_\_\_ Company \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Credit Card payment on second page

Checks Payable to: New Jersey Motorsports Park

Registration closes Friday, May 3<sup>rd</sup>

Send Registration form to [ckeenan@njmp.com](mailto:ckeenan@njmp.com) or 47 Warbird Drive, Millville, NJ 08332



## 2019 CREDIT CARD AUTHORIZATION FORM

I authorize New Jersey Motorsports Park, LLC (NJMP) to issue charges I may incur at New Jersey Motorsports Park using the following Credit Card:

Card Type:     Visa     MasterCard     American Express     Discover

Card Number:   

Expiration Date:      -      Card Code:

Card Billing Zip Code:         -

\*a credit card processing fee of 2.5% will be added to the total

Member Name: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Card Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**I, the undersigned, hereby authorize NJMP to charge facility fees and other charges to the credit card information provided above.**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

MAIL OR FAX FORM TO:

New Jersey Motorsports Park • 47 Warbird Drive • Millville, NJ 08332 • Fax: 856-327-8835