



MID-ATLANTIC VMCCA REGIONAL FALL TOUR

OCTOBER 18-23, 2025

WOODSTOCK, VA

SCENIC VIRGINIA AND WEST VIRGINIA

Limited to 40 vehicles.



Please print

Owner _____ Driver (if different) _____
Address of Driver _____ City, State, Zip _____
Phone (H) _____ (C) _____ E-mail Address _____
VMCCA Region _____ Chapter (if any) _____

Print names for name tags

Driver _____ City & State _____
Passenger 1 _____ City & State _____
Passenger 2 _____ City & State _____
Passenger 3 _____ City & State _____

Vehicle. _____ Make _____ Body Type _____ Body Color(s) _____
State & License Plate No. _____ Need trailer parking? Yes _____ No _____

List names of driver/passengers on their 1st Mid-Atlantic tour _____

REGISTRATION FEES Include Hospitality Room, 2 dinners, 1 lunch, all admissions, and *Tour Book*,

One vehicle & driver		\$130.00
Non-VMCCA driver add annual dues	\$48.00	
Passengers	_____ x \$115.00	_____
<u>Extra</u> <i>Tour Book</i>	_____ x \$ 10.00	_____

TOTAL ENCLOSED \$ _____

Make check payable to:

Mid-Atlantic Regional VMCCA

• **Mail to:** Nancy Bradfield
9219 Centerville Road
Bridgewater, VA 22812

- Registration, cancellation, and refund deadline is September 18, 2025
- nansgram@aol.com

Hotel

Hampton Inn, 1150 Motel Drive, Woodstock, VA, Phone 540-459-7111 **GROUP CODE: MID-ATLANTIC**
Standard Rooms: \$109 plus tax Block of rooms ends September 18, 2025
Suites: \$129 plus tax Pet Fee \$50

Owner/Driver Commitment/Release Statement: I hereby agree to enter the vehicle described in the Vintage Motor Car Club of America Mid-Atlantic Fall Tour. In consideration of the right to enter this event and other valuable considerations, I (we) do hereby agree to indemnify, protect, defend and hold harmless VMCCA and its Chapters, Regions, Officers, and Representatives from and against any claims, costs, liabilities and attorneys' fees arising from damage or injury, actual or claimed, of any kind or nature, to property or persons, resulting from my (our) participation in the 2025 Mid-Atlantic Fall tour. The owner/driver has proof of bodily injury and property damage liability insurance on the entered vehicle in the amount of at least \$100,000 per person, \$300,000 per accident bodily injury liability and \$100,000 property damage liability, or \$300,000 combined single limit liability insurance.

Name of Insurance Company is _____ Policy No. _____ Policy Term _____ to _____

The owner/driver certifies that the described vehicle entered in this event has passed the requirements of the motor vehicle authorities of the state in which the vehicle is registered, and the vehicle is legally registered and/or licensed. The VMCCA and its representatives will not, and cannot, be held responsible for the "safety certification" of any participating vehicle.

Signed _____
Owner Date Driver (if different) Date