



# NH KNIGHTS OF COLUMBUS STATE FAMILY CAMPOREE

## VEHICLE REGISTRATION FORM

This form is required for each vehicle entering Camp, one form per vehicle.

Date: \_\_\_\_\_

Owner's name: \_\_\_\_\_ Cabin #: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

License plate(s): \_\_\_\_\_

Make/model/year of vehicle(s): \_\_\_\_\_

Vehicle color: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

**Note: Proof of Auto Insurance must be included:**

Address of Insurance Company: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Are you a member of the Knights of Columbus? Yes ☐ No ☐

If not, member Knight sponsoring you \_\_\_\_\_

List the names of additional persons traveling in this vehicle:

\_\_\_\_\_  
\_\_\_\_\_

We require the names, ages and relationships of all children with you:

\_\_\_\_\_  
\_\_\_\_\_

I certify all persons in my vehicle are listed above.

\_\_\_\_\_  
Signature Date