



**Ward Museum/Delmarvalous  
Festival 2022**  
Delmarvalous Collections: Road Trip Delmarva  
Classic and Antique Car Show

Number Assigned to Car: \_\_\_\_\_

This is to serve as an agreement between \_\_\_\_\_ and the Ward Foundation of 909 S. Schumaker Dr., Salisbury, MD 21804, for owner of car to enter the Delmarvalous Collections Competition and showcase their car at the Ward Museum/Delmarvalous Festival on Saturday, August 13, 2022. The Delmarvalous Collections area is in the front parking lot of the museum.

**The Delmarvalous Collections space are as follows:**

**One space is equal to two parking spaces. Cover, tables and electricity are not available.  
Set up starts 8 a.m. with a request for the cars to be in place by 9 a.m. and breakdown starts at 2 p.m.**

<input type="checkbox"/> Classic (1978 to 1999)	No. cars _____ x \$25.00 = \$ _____
<input type="checkbox"/> Antique (1931 to 1977)	No. cars _____ x \$25.00 = \$ _____
<input type="checkbox"/> Vintage (1880s to 1930)	No. cars _____ x \$25.00 = \$ _____
<b>Due in full with return of agreement</b>	<b>GRAND TOTAL Enclosed = \$ _____</b>

I understand I will be assigned a location as deemed best by the management. By signing this agreement, I agree to protect the Ward Foundation, its Board of Trustees, and its employees, Salisbury University, and to save them harmless from any and all claims for damage or suits which may arise from injury as well as loss or damage to property or persons occurring within the space I am showcasing my vehicle. I also agree the Ward Foundation, its Board of Trustees, and its employees, Salisbury University are not responsible for the safety of my vehicle or any property in the case of loss by fire, robbery, theft, accident, or any other destructive cause or for injury that might occur to me, my employees, assistants, and guests. Additionally, I agree to abide by all decisions of the management made in reference to and in conjunction with said event. I understand that I must cancel in writing by July 31, 2022, in order to receive a full refund.

Name: _____	Make/Model/Year: _____
Address: _____	Color: _____ Modified: Yes _____ No _____
City/State: _____	Make/Model/Year: _____
Zip: _____	Color: _____ Modified: Yes _____ No _____
Phone: (_____) _____	Make/Model/Year: _____
E-mail: _____	Color: _____ Modified: Yes _____ No _____
Club Affiliation: Yes _____ No _____	Make/Model/Year: _____
Name of Club: _____	Color: _____ Modified: Yes _____ No _____
How did you hear about today's event? _____ _____	Make/Model/Year: _____
	Color: _____ Modified: Yes _____ No _____

**ALL VEHICLES MUST BE STREET LEGAL with current state tags, licensed, and insured.**

Signature Required: \_\_\_\_\_ Date: \_\_\_\_\_

Member ID # \_\_\_\_\_

**Name Badges: Please print names below as you would like them to appear on badges. Limit 2 per space.**

Please make checks payable to the Ward Foundation.  
Return agreement to:  
Kristie Clattenburg, Event Director  
The Ward Museum of Wildfowl Art  
909 S. Schumaker Dr.  
Salisbury, MD 21804  
(410) 742-4988 Ext. 106  
E-mail: kaclattenburg@salisbury.edu

<b>For office use only</b>	
Amt. Recd	\$ _____
Date	_____
Check no.	_____