



National Headquarters
Antique Automobile Club of America

** Region/Chapter Officer Reporting Forms must be up to date to request insurance coverage **

Requesting Region/Chapter: _____

Club Contact Person for this event: _____

Phone number for person: _____

Date of event: _____

Approximate number of members attending: _____

Type of event: _____

Will bleachers be used: YES NO (check one)

Will you be signing a lease of premises contract: YES NO

a copy of the contract must accompany this request

Location of event: _____

Owner of the premises where the event will be held:

Certificate to be mailed to: _____

Special Instructions: _____

**FORWARD THIS FORM TO AACA NATIONAL HEADQUARTERS
FOR APPROVAL AT LEAST ONE MONTH PRIOR TO THE
EVENT** Email or fax your completed form to AACA: seitnier@aaca.org