

**APPLICATION FOR HANDICAPPED PARKING
58th WBCCI INTERNATIONAL RALLY**

Last Name _____ **WBCCI No.** _____

First _____ **Age** _____

Address _____

City _____ **State/Prov** _____ **Zip** _____

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Submit a copy of your handicap placard issued by your

State or Province to:

WBCCI, PO Box 612, Jackson Center, OH 45334

or email copy to: jrethman@wbcci.org