Corvair – The Next Generation hosted by Prairie Capital Corvair Association • Crowne Plaza Springfield • May 18-23, 2021

Primary Registrant Information (please print) Additional Name Badges											5	
Name												
Address												
City/State/Zip												
CORSA Member Code Phone: () – E-Mail												
Complete this section if entering any of these events: Autocross, Concours, Car Display, or Rally.												
Car No.	Year	Model	Body Style	S	erial No.		Ext. Color I		Int. Col	nt. Color		Trans.
(1)												
(2)												
Not a CORSA member? Complete the accompanying membership application. "Early Reg." prices applicable for registrations received by 4/19												
Event			Competitor Name Car			Competitor Name		Car No.	Quan.	Early Reg.	Late Reg.	Amount
Convention Registration			Convention registration is for one person and that person can participate in activities.							\$35	\$45	
Additional Adults Age 18 and older (under 18 are free))							10	10	
Concours (per car)										25	40	
Rally (per car)										15	25	
Autocross (per competitor)										35	45	
Car Display (per car)										5	15	
Cruise-In (per car)										5	10	
Indoor Vendors (per table)									35	45		
Outdoor Swap Meet (per 12' x 20' space)									20	30		
Food Fund	ctions (p	per person)										
Awards Banquet (per person) Indicate meal choice/quantities. Example: Beef2 Chicken1 Beef Chicken Fish Diet Restricted (send diet restrictions to Tim: flat6vair@comcast.net)							— t.net)		40	50		
Dinner at the Museum (per pers			rson)							5	15	
Tours & A	ctivities											
Self-Guided Tours to Historic Springfield, Route 66, and the Corvair Museum are also available.												
Merchandise Any orders placed after 6/28 subject to availability and may not be available at the convention. Indicate adult sizes/quantities. Example: 1S 2XL												
Men's T-Shirt with a printed convention logo (Shirt Sizes: S, M, L, XL, XXL, XXXL)										20	N/A	
*Events marked as N/C are no charge to those who register for the convention.												
Please include check payable to PCCA (payable in US funds) or fill out the credit card information below									W:	w: TOTAL		
Mostorcan VISA: VISA: Card No.:												
Exp. Date: CVC												

Mail to: PCCA, P.O. Box 954, Springfield, IL 62705