



2012 Annual D.A.R.E. NJ Training Conference

Car Show Registration Form

February 28 to March 1, 2012 ♦ Bally's Atlantic City ♦ Atlantic City, NJ

FAX or Mail Registrations to: Fax: 609-860-6776 or 6779
 D.A.R.E. NJ, 292 Prospect Plains Road, Cranbury, NJ 08512 ♦ **Registration Deadline: January 31, 2012**

Name of Person Submitting Vehicle: _____
 Department: _____ Phone: _____
 Email: _____ Fax: _____
 Contact Person: _____ Phone: _____
 Vehicle's Registered Owner Address: _____
 Vehicle Make: _____ Model: _____ Color: _____

D.A.R.E. CAR DETAILS			
Equipment	Yes	No	Add'l Comments
Vehicle Lettered			If YES, Color of Letters:
Emergency Lights			
Emergency Siren			
Confiscated			
Donated			
Former Police Vehicle			
Special Attractions/Equipment			

Car Show Official Rules

1. Race cars will not be permitted to participate in the show.
2. No personal vehicle entries will be allowed. The custody and control must be of the sponsoring law enforcement agency.
3. No temporarily loaned vehicle to law enforcement agencies allowed.
4. All vehicles entered must either be donated, seized or department purchased.
5. The name of a company or community group that donated the vehicle, equipment or funds may be placed on the vehicle if acknowledged as a "supporter" and not as a sponsor.
6. Only licensed, street legal vehicles will be deemed eligible to participate.
7. Each vehicle must have a current letter of approval from D.A.R.E. in order to be eligible to participate in the show. A copy must be supplied with registration.

All vehicles will be shown indoors at Bally's Atlantic City. The vehicles must be on site Tuesday, February 28th by 4:00 pm & MUST have less than ¼ tank of gas and a locked gas cap.

SERVICE PIN AWARD PROGRAM

D.A.R.E. NJ has established this initiative as a conference tradition to recognize the commitment and dedication of D.A.R.E. Officers. All D.A.R.E. Officers will receive recognition.

Name _____

Department _____

Phone _____ Fax _____

Email: _____

Certification Date: _____ Training Location _____

Years of Service:
 3 5 10 15 20

 Signature of Service Pin Recipient

State D.A.R.E. Officers Association

Application for Membership

Name _____

Home Address _____

City _____ State _____ Zip _____

Agency _____ County _____ State _____

Phone _____ Fax _____

Address _____

City _____ State _____ Zip _____

Email _____

 Signature