24th Annual
Virginia Fall Classic
Presented by the Virginia DMV

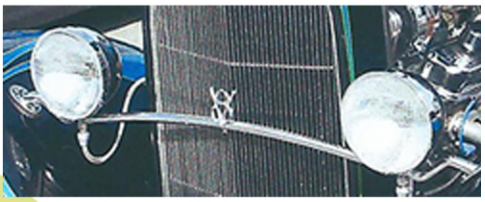
VIRGINIA DEPARTMENT OF MOTOR VEHICLES

All Proceeds Benefit
The Children's Hospital of
The King's Daughters

Pre-register and SAVE up to $10
plus get a Dash Plaque and your
Vehicle's Photo in the Program

Cars, Trucks & Motorcycles

All Makes, Models & Years



TWO DAY EVENT

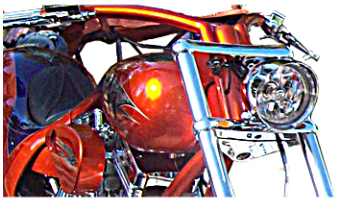
Saturday & Sunday

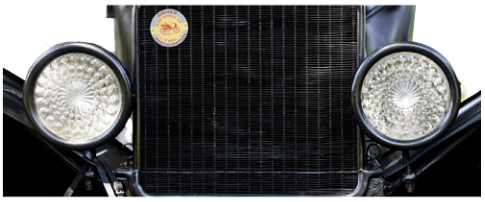
October 24 & 25th

Participants' Choice and

Best in Show Trophies

EACH DAY





Newport News Park
13560 Jefferson Avenue
Newport News, VA

www.vafallclassic.org

24th Annual Virginia Fall Classic Registration

Vehicle Owner's Name(s):_____

Street Address: _____ Apartment #:_____

City:_____ State:_____ Zip:_____ *Phone: (_____) _____

*E-mail:_____ *Cell: (_____) _____

*** Pre-registering?** *Add a phone number or email address to be notified of any scheduling changes*

* ☐ *Opt-in to our e-mail list for quarterly updates.*

Presented by:

VIRGINIA DEPARTMENT OF MOTOR VEHICLES

Saturday and Sunday October 24-25, 2026 * Car, Truck & Bike Show

Pre-Registration Pricing (Must be post-marked by Oct 1, 2026)

(Email vehicle photo to vafallclassic.org@gmail.com **by Oct 1st.** First 100 will be in the program.)

Circle One →	Saturday Only	Sunday Only	Both Days		Totals
First Vehicle	$20.00	$20.00	$35.00	x 1 =	
Secondary Vehicles	$10.00	$10.00	$15.00	x____ =	

Show Day Pricing

Circle One →	Saturday Only	Sunday Only	Both Days		Totals
First Vehicle	$25.00	$25.00	$45.00	x 1 =	
Secondary Vehicles	$10.00	$10.00	$20.00	x____ =	

Vehicle(s) Entered

Year:_____ Make:_____ Model:_____

Year:_____ Make:_____ Model:_____

Year:_____ Make:_____ Model:_____

☐ *Pre-registration receipt confirmation requested. Available via email or self-addressed, stamped envelope.*

Location: *Newport News Park, 13560 Jefferson Ave., Newport News, VA*

Saturday: *Registration 9:00 am to 12 noon……**Sunday:** Registration 9:00 am to 1:00 pm*

Additional Donation = $_____

Grand Total = $_____

Disclaimer: *This is a charity event…***NO REFUNDS!**

Release and Certification of Insurance: *By signing below, I/we hereby release the Virginia Fall Classic committee, the City of Newport News, Virginia DMV, and any and all organizers, sponsors and volunteers for the Virginia Fall Classic from any and all liability associated with the events. I also certify that I have at least the minimum necessary insurance required by the Commonwealth of Virginia. This form must be signed.*

Make checks payable to **"Virginia Fall Classic" and mail to VFC, 287 Wythe Creek Rd, Poquoson, VA 23662**

Signature: _____ Date: _____

For more details and important updates, please visit www.vafallclassic.org