

Citroen Rendezvous

14-16 June 2024



Alternative Registration Form

Name: _____

Email: _____

Street Address: _____

City: _____

State/Province: _____

ZIP/Post code: _____

Country: _____

Attendees:

Self (Adult)

_____ Adult ☐

_____ Adult ☐

_____ Adult ☐

FEE: Number of adults ____ x \$65 = _____

Optional donation: _____

TOTAL: _____

Vehicle(s): _____

Send to:

Citroen Rendezvous LLC

28 11th Street

Providence, RI 02906