



2nd Annual Twisted Oz **Swap Meet**
 Saturday April 7th
 Registration Form



Name/Vendor: _____

Address: _____

City _____ State _____

Email _____ Phone _____

All vendor space located outside

Preregistrations to jwellemeyer@cox.net, or 1718 N Illinois, Wichita KS 67203
 Registrations Day of Show 8–10 AM at Twisted Oz Museum



2nd Annual Twisted Oz **Bike Show**
 Saturday April 7th
 Registration Form



Name _____

Address: _____

City _____ State _____

Email _____ Phone _____

Bike: Mfr. _____ Year _____ Model _____

Class for Judging (circle one)

American European Japanese Special Interest