

# Citroen Rendezvous

13-15 June 2025

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 \$80 = \_\_\_\_\_

Optional donation: \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

Vehicle(s): \_\_\_\_\_

Send to:

Citroen Rendezvous LLC

28 11<sup>th</sup> Street

Providence, RI 02906