

**EyesOn Design  
Vehicle Nomination Form**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Vehicle Information**

Class	Year	Make/Model/Body Style	Condition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**A non-returnable photo must accompany the registration form.  
Digital photo's are requested, but not required.**

**Please Return This Form To:**  
EyesOn Design  
Attn: Carolyn Mulford  
15415 E. Jefferson Avenue  
Grosse Pointe Park, MI 48230  
(313) 824-4710  
Fax: (313) 822-4233  
E-Mail: [cmulford@mycomcast.com](mailto:cmulford@mycomcast.com)