

## THRESHERMEN EXHIBIT REGISTRATION/MEMBERSHIP FORM

Name \_\_\_\_\_ Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

Circle Exhibit Space Requested: Tractor Gas Engine Auto Horse Scale Equip. Misc.

I have a preprinted sign for my exhibit. YES NO I am enclosing my membership fee. YES NO

List Items to Exhibit \_\_\_\_\_

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I accept and assume full liability for any injury or loss to me or my property, agents or employees at any time and for any cause on the premises of the Albert City Threshermen & Collectors Association. I expressly release the show management from any liability for such loss or injury and agree to provide and pay for my own insurance.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Mail to: Albert City Threshermen, PO Box 333, Albert City, IA 50510**