

REGISTRATION FORM

First Name: _____ Last Name: _____

Mailing Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Exhibit Year, Make, Model

Yes I will be in the parade

Parade Script/Description:

Type of Exhibit:

- | | | | |
|---------------------------------------|--|--|--|
| <input type="checkbox"/> Car | <input type="checkbox"/> Demonstration | <input type="checkbox"/> Dolls | <input type="checkbox"/> Garden/Yard Tractor |
| <input type="checkbox"/> Horse/Mule | <input type="checkbox"/> Implement | <input type="checkbox"/> Large Gas/Kerosene Engine | <input type="checkbox"/> Memorabilia |
| <input type="checkbox"/> Military | <input type="checkbox"/> Motorbike | <input type="checkbox"/> Scale-size Equipment | <input type="checkbox"/> Stationery Engine |
| <input type="checkbox"/> Steam Engine | <input type="checkbox"/> Toys | <input type="checkbox"/> Tractor | <input type="checkbox"/> Truck |
| <input type="checkbox"/> Other: _____ | | | |

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: _____