

# EXHIBITOR REGISTRATION FORM

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Yes, I would like to receive the spring & fall newsletters by email

## 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 Tractor | <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: _____ |  |   |  |

## Exhibit Information:

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

## Exhibit Parade Script/Description:

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: \_\_\_\_\_