

2020 EXHIBITOR REGISTRATION FORM

First Name: _____ Last Name: _____

Mailing Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

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 |
- Other: _____

Exhibit Year, Make, Model:

New for the 50th Annual Show—Please provide a short history about this exhibit in your family. This will appear on your exhibitor sign for the show:

Yes, I will be in the parade. 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: _____