

ALBANY PIONEER DAYS REGISTRATION FORM

Exhibitor
 Worker
 Musician

Stearns County Pioneer Club Member

Please print name(s) and complete address

Name(s): _____

Address: _____

City, St, Zip: _____

Cell Phone #: _____

EQUIPMENT EXHIBITING:

All Equipment Operators must attend one of the Safety Meetings on one of the following days/time: Friday 9 am, 11 am, and 5 pm. Saturday & Sunday 9 & 11 am, held in the Corliss Building. Absolutely no drinking of alcoholic beverages while equipment is in operation.

Tractors: _____
(year, make, model)

Other: _____

Gas Engines: _____
(model & hp)

REGISTRATION BOOTH USE ONLY		
	Needed	Rec'd
Exhibitor Ribbon	_____	_____
Worker Ribbon	_____	_____
Combination Exh/Wk	_____	_____
Musician Ribbon	_____	_____
Plaque	_____	_____
Feature Item	_____	_____
Meal Tickets:	# _____	\$ _____
Books:	# _____	\$ _____
Belt Buckle:	# _____	\$ _____
Camping Donation:	\$ _____	
Annual Membership:	\$ _____	
Lifetime Membership:	\$ _____	
Total Due:	\$ _____	
Check # _____	Cash Rec'd	\$ _____
Balance Due:	\$ _____	

INSURANCE REQUIRED REQUIRED: Each exhibitor is required to have their own insurance. The Stearns County Pioneer Club IS NOT responsible for any losses or damages to exhibitor's property during the show or while on the show grounds. This also includes no physical harm.

Your Signature: _____ Date: _____

WORKER INFORMATION: MEMBERS/VOLUNTEER WORKERS-REQUIRED Be specific about the area and time that you will be working. Each member must work two-3 hour shifts to be eligible for free admission.

Name: _____ Area working _____

Day and Time: Friday _____ Saturday _____ Sunday _____

Name: _____ Area working _____

Day and Time: Friday _____ Saturday _____ Sunday _____

MUSICIAN INFORMATION: Indicate name of each person playing, building, days and times performing.

Name: _____ Instrument _____ Blue grass Saloon Flea Market Bldg

Date and Time: Friday/time _____ Saturday/time _____ Sunday/time _____

CAMPING?: No Yes **\$25.00 DONATION** Make/Model _____ Lincense # _____

MEALS (Exhibitors, Workers, and Musicians): Located in Church basement-Sat & Sun, 11am – 1pm at a reduced price of \$5.00 per meal.

OF MEAL TICKETS _____ Sat _____ Sun **CLUB MEMBERSHIP** _____ Annual \$15.00 _____ Lifetime \$50.00

BELT BUCKLE (\$25.00) _____ QUANTITY **BUCKLE #** _____ **SHOWBOOK** (\$10.00) _____ QUANTITY

HANDICAP VEHICLES: No ATV's, golf carts or motorized vehicles without proof of need or handicap. All handicap vehicles must be registered at the Registration Booth. A certificate of insurance is required when registering your vehicle.

NOTE TO OUR EXHIBITORS: Our annual banquet will be held October 21st at Shady's in Albany, MN. Would you like to be notified to sign up for the dinner? ___Yes___No *BLANK answers are tallied as 'No'.*

Thank you to everyone who helps to make our show a great success year after year. We appreciate it!

Mail your completed form to PO Box 482, Albany, MN 56307 by September 1 or email: lamortenson@jetup.net