

# ALBANY PIONEER DAYS REGISTRATION FORM

- Exhibitor                       Worker                       Musician  
 Stearns County Pioneer Club Member                       Change of Address

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: Thursday or Friday 9 am, 11 am, or 5 pm. Saturday or Sunday 9 or 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/Wkr	_____	_____
Musician Ribbon	_____	_____
Plaque	_____	_____
Feature Item	_____	_____
Meal Tickets: # _____ \$ _____		
Belt Buckle: # _____ \$ _____		
Camping Donation: \$ _____		
Annual Membership: \$ _____		
Lifetime Membership: \$ _____		
Total Due: \$ _____		
Check # _____ Cash Rec'd \$ _____		
Balance Due: \$ _____		

**INSURANCE REQUIRED:** Each exhibitor is required to have their own insurance. The Stearns County Pioneer Club IS NOT responsible for any losses or damages by or to exhibitor's property during the show or while on the show grounds.

Your Signature **Required:** \_\_\_\_\_ Date: \_\_\_\_\_

**WORKER INFORMATION MEMBERS/VOLUNTEER WORKERS:** 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: Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_ Sunday \_\_\_\_\_

Name: \_\_\_\_\_ Area working \_\_\_\_\_

Day and Time: Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_ Sunday \_\_\_\_\_

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

Name: \_\_\_\_\_ Instrument \_\_\_\_\_  Bluegrass  Saloon  Flea Market Bldg

Date and Time: Thursday \_\_\_\_\_ Friday/time \_\_\_\_\_ Saturday/time \_\_\_\_\_ Sunday/time \_\_\_\_\_

**CAMPING on the grounds:** (Exhibitors/Workers/Musicians): \_\_\_ No \_\_\_ Yes **\$40.00 DONATION** Complete this portion **ONLY** if you are camping on the showgrounds. **Make/Model** \_\_\_\_\_ **License #** \_\_\_\_\_

Be sure to contact the Inside Camping Chairperson (Gary Pilgrim ph 763-516-3556) ahead of arriving to confirm your spot. If you are parking in the Spectator Parking across the road, pay as you enter the campground, **DO NOT** complete this section.

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

# OF MEAL TICKETS \_\_\_\_\_ Fri \_\_\_\_\_ Sat **CLUB MEMBERSHIP** \_\_\_\_\_ Annual \$15 \_\_\_\_\_ Lifetime \$50

**BELT BUCKLE** (\$31.00) \_\_\_\_\_ QUANTITY \_\_\_\_\_ BUCKLE # \_\_\_\_\_

**HANDICAP VEHICLES:** No ATV's, golf carts or motorized vehicles without proof of need or handicap. All handicap vehicles must be registered and receive a number to display on the vehicle. This can be done at the Registration Booth. A certificate of insurance along with a copy of proof of need or handicap is required when registering your vehicle.

**NOTE TO OUR EXHIBITORS:** Our annual meeting and banquet will be held later this fall. 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: [lee.mortenson2@gmail.com](mailto:lee.mortenson2@gmail.com)