

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: 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: 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 _____ Bluegrass Saloon Flea Market Bldg

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

CAMPING by the Arban Church (Exhibitors/Workers/Musicians): No Yes **\$25.00 DONATION** Complete this portion **ONLY** if you are camping on the grounds by the Arban Church. Make/Model _____ License # _____
Be sure to **ONLY** 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 Area across the road, pay as you enter the campground, **DO NOT** complete this section.

MEALS (Exhibitors, Workers, & Musicians): Located in Church basement-Sat & Sun, 11am – 1pm at a reduced price of \$ W/A

OF MEAL TICKETS _____ Sat _____ Sun **CLUB MEMBERSHIP:** _____ Annual \$15 _____ Lifetime \$50

BELT BUCKLE (\$W/A) _____ QUANTITY BUCKLE # _____ **SHOWBOOK** (\$W/A) _____ QUANTITY

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 the 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 on Sunday, October 25 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: lee.mortenson2@gmail.com