

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/Car Pass # _____		
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 three-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 _____ 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-Thurs-Sat 11am – 1pm at a reduced price of \$8.00

OF MEAL TICKETS ___ Thurs ___ Fri ___ Sat **CLUB MEMBERSHIP lifetime - \$100**

BELT BUCKLE (\$30) _____ # _____

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: albanypioneerdays@outlook.com