

Will County Threshermen's Association Tractor Show
Exhibitor / Member Information Form

Last Name:

First Name, MI:

Address:

City:

State:

Zip:

Phone:

Email:

Newsletter Status:

Spouse Name:

Year Joined:

Dues Paid Through:

Tractor Registration Information

Make:

Model:

Year:

Notes:

1.

2.

3.

4.

5.

6.

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8.

9.

10.

I hereby acknowledge that there are certain risks to me and my exhibit while at this event. If I am not a member of the Will County Threshermen's Association, I hereby agree to personally accept all of those risks and hereby hold the Will County Threshermen's Association harmless for any losses I may suffer while participating in this event.

Signature:

Date: