

# Field Day of the Past \_\_\_\_\_

Post Office Box 29643, Richmond, VA 23242 804-741-8468

email: [fielddayofthepast@gmail.com](mailto:fielddayofthepast@gmail.com)

## Exhibitor Registration Form

PLEASE PRINT -- This information is used for mailing purposes

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE NOS: (\_\_\_\_) \_\_\_\_\_ (H) (\_\_\_\_) \_\_\_\_\_ (W)

(\_\_\_\_) \_\_\_\_\_ (CELL) (\_\_\_\_) \_\_\_\_\_ (FAX)

### Check the box that applies:

- |                                                    |                                       |
|----------------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Tractors                  | <input type="checkbox"/> Gas Engines  |
| <input type="checkbox"/> Steam Engines             | <input type="checkbox"/> Models       |
| <input type="checkbox"/> Other                     | <input type="checkbox"/> Tractor Pull |
| <input type="checkbox"/> Lawn Mower (display only) |                                       |

Please provide a complete description of your exhibit. Include make, model and any other pertinent information. All registered exhibits to the show must remain parked. Field day personel reserves the right to decline any exhibit which is deemed not in keeping with the show: \_\_\_\_\_

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A registration form must be completed for each person wishing to be an exhibitor. Exhibitors wishing to become members or renew membership may enclose \$10 membership fee with this form. Membership is not required to exhibit. Please complete this form and return it to the above address. Photo copies are allowed if needed. You may register more than one exhibit on this form.

### **Please submit a certificate of insurance.**

*Field Day of the Past, the Rockville-Centerville Steam & Gas Historical Association, its members and volunteers will not be responsible for loss, theft or damage and assume no liability for bodily injury or property damage caused by exhibitor or action of exhibitor.*

IH Collector's Club  
Member –  
Certificate of  
insurance to be  
submitted by the  
IH club on behalf  
of all members.

Signature \_\_\_\_\_

Date \_\_\_\_\_

By signing, I agree to all conditions.