

EXHIBITOR/WORKER REGISTRATION

Please Print

Name: _____

Mailing Address: _____

City, State, Zip: _____

Email Address: _____

Phone: _____

Are you on our mailing list? Yes _____ No _____

Would you like to be? Yes _____ No _____

TYPE OF DISPLAY

Items Exhibited:

Work you are helping with:

Because you are exhibiting and/or helping with our association, you are hereby granted associate membership in the Root River Antique Historical Power Association if you are not already a voting member.