

MCTP Inc. 2010 Membership Registration Form

NAME _____

ADDRESS _____

TOWN _____ STATE _____ ZIP _____

TELEPHONE NO. (_____) _____
(Used only for emergencies, pull dates, & cancellations)

E-MAIL
ADDRESS _____

All Club information is available at our website. Information will only be mailed to those who check this box: .

Please list any possible driver(s) names included in your Family Membership and the tractor(s) you will be using in competition.

1. _____ TRACTOR _____ NO. _____
2. _____ TRACTOR _____ NO. _____
3. _____ TRACTOR _____ NO. _____
4. _____ TRACTOR _____ NO. _____
5. _____ TRACTOR _____ NO. _____

Annual Family Membership cost is \$25.00
Please make check/money order payable to: **Middlesex County Tractor Pullers Inc.**

Mail Registration Form/Agreement Waiver (**PLEASE SEE OTHER SIDE!**) with check/money order to:

Stuart Alexander
53 Hall Road
Hebron, CT 06248

