

PIONEER HARVEST FIESTA, INC.

TRACTOR EXHIBITOR REGISTRATION

NAME	_____	
ADDRESS	_____	
CITY/STATE/ZIP	_____	
PHONE	_____	E-MAIL ADDRESS _____
MEMBER	PHF (circle) (YES) (NO)	

PLEASE LIST EQUIPMENT (Use the back if need more room)

YEAR	MAKE	MODEL
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I have read and agree to the show Safety Guidelines:

Exhibitor's Signature

Date