

# 2008 IH CHAPTER 7 TILLAGE FESTIVAL REGISTRATION

IHC Chapter #7 requires this form to be filled out to insure you are covered under our event insurance. Wrist bands must be worn at all times while operating equipment. Thanks for your cooperation.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Miles driven to show with equipment: \_\_\_\_\_

Equipment brought to show:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please mail completed form to:

Bob Off  
3485 S. SR 19,  
Tipton, IN 46072