

MCTP Inc. 2017 Membership Registration Form

NAME _____

ADDRESS _____

TOWN _____ **STATE** _____ **ZIP** _____

TELEPHONE NO. (_____ **)** _____

(Used only for emergencies, pull date's, & cancellations)

E-MAIL ADDRESS _____

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 with check/money order to:

Jeff Martin

51 Witch Meadow Road

Salem, CT 06420



WWW.MCTP.NET