

MCTP Inc. 2025 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** _____

2. _____ **TRACTOR** _____

3. _____ **TRACTOR** _____

4. _____ **TRACTOR** _____

5. _____ **TRACTOR** _____

Annual Family Membership cost is \$40.00

*Please make check/money order payable to: **Middlesex County Tractor Pullers Inc.***

Mail Registration Form/Agreement Waiver with check/money order to:

Seth Barber
75 Shannock Hill Road
Carolina, RI 02812



WWW.MCTP.NET