



CALLAWAY HERITAGE DAY REGISTRATION FORM

Please complete the following information and return with payment by August 20, 2022 to:
Kingdom of Callaway Historical Society, PO Box 6073, Fulton MO 65251

Name(Print) _____

Mailing Address _____

City _____ State _____ ZIP _____

Cell Phone _____ E-mail _____

Registering: _____ Tractor Year _____ Make _____ Model _____

_____ Car Year _____ Make _____ Model _____

_____ Truck Year _____ Make _____ Model _____

Pre-registration \$10 per entry

Make checks payable to KCHS. _____ Amount Enclosed

In consideration of your acceptance of this entry, I hereby, for myself, my heirs, my executors, administrators, waive all rights and claims for damage I may have against individuals associated with this event, its agencies, representatives, successors and assigns, for any and all injuries suffered by me in the KCHS Callaway Heritage Day. I attest and verify that I have full knowledge of the risks involved in this event and am physically able and sufficiently trained to participate in the event. I also attest that I have liability insurance. I give my permission for the use of my name and picture in any broadcast, telecast, DVD, website or print media account of the KCHS Callaway Heritage Day.

Signature _____ **Date** _____

Parent or Guardian Signature is required for participates under 18 years of age.

Signature _____ **Date** _____

Drivers must have a legal driver's license to operate a motor vehicle.

_____ Date Received _____ Amount Received _____ Check _____ Cash