

FIRE & EMERGENCY APPARATUS REGISTRATION FORM

THE 26th ANNUAL GREAT FIRE ENGINE RALLY
SATURDAY, SEPTEMBER 12th, 10:00 AM. UNDER THE ARCH - ST. LOUIS, MO

(Please fill out a separate registration for each vehicle)

ENGINE	FD CAR	YEAR _____
TANKER	FIRE BOAT	MAKE _____
LADDER	SUPPORT	MODEL _____
RESCUE	OTHER	OVERALL LENGTH _____ WIDTH _____

VALID PROOF OF INSURANCE MUST BE SUBMITTED TO RALLY OFFICIALS ON DAY OF PARADE 09-12-09.

ALL APPARATUS ENTERED IN THE 26th ANNUAL FIRE ENGINE RALLY WILL RECEIVE AN OFFICIAL DASH PLATE AND CERTIFICATE OF PARTICIPATION FROM THE FIRE ENGINE RALLY, SIGNED BY FIRE CHIEF DENNIS JENKERSON OF THE ST. LOUIS FIRE DEPARTMENT.

PAYMENT OF REGISTRATION: THIS YEAR THERE WILL BE A \$5.00 FEE FOR EACH TRUCK ENTERED INTO THE GREAT FIRE ENGINE RALLY. PAYMENT MAY BE MADE BY CHECK OR MONEY ORDER. MAKE CHECK OR MONEY ORDER PAYABLE TO : THE GREAT FIRE ENGINE RALLY. YOU MAY PAY FOR MULTIPLE ENTRIES WITH ONE PAYMENT, PLEASE BE SURE TO PUT CHECK NUMBER ON EACH ENTRY FORM SUBMITTED.

CHECK OR M.O. # _____ | # OF ENTRIES _____ x \$5.00 EACH= _____.

NAME ON CHECK OR M.O. _____.

THIS VEHICLE WILL BE IN THE PARADE: **YES NO**

WILL REMAIN ON STATIC DISPLAY UNTIL RELEASED AT 3:00PM: **YES NO**

IF AN AERIAL, WILL THE LADDER BE ELEVATED: **YES NO**

*I WISH TO PUMP FROM **HYDRANT RIVER DUMP TANK**

*THE NUMBER OF OPERATING PUMPERS MAY BE LIMITED BY SPACE AND ISSUED ON A FIRST REGISTRATION BASIS.

ALL REGISTRANTS MUST SIGN THE FOLLOWING RELEASE:

By signing this registration form, I, myself, heirs and assigns, executors and administrators, waive and rerelease any and all rights and claims for damages, demands, actions and causes against officers and members of the 26th Annual Great Fire Engine Rally, and representatives and successors and assigns of same, for any and all injuries suffered by me while participating and traveling to and from the event herein. I also give my permission for the use of my name and or picture in any broadcast, telecast or other account of this event. I understand that if I do not have proof of insurance my truck will not be allowed to participate in the event.

OWNER (PLEASE PRINT) _____

SIGNATURE _____

CONTACT NAME _____

PHONE NUMBER _____

E-MAIL ADDRESS _____

ADDRESS _____

CITY _____

STATE ZIP _____

PLEASE RETURN FORM with PAYMENT TO:
GREAT FIRE ENGINE RALLY
P.O. BOX 23486
St. Louis MO 63156