



Central North Dakota Steam Threshers, Inc.

2025 Registration Form (One Person Per Form)

Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Address Change: Yes _____ No _____ (Check one)

Phone Number: _____ Cell _____ Home _____

Adult Worker Admission: \$20.00/Weekend \$10.00/Day Pass Admission: \$ _____

Junior Worker Admission: \$10.00/Weekend (Age 11-17) \$5.00/Day Pass Admission: \$ _____

CNDSTR Work Area: As a registered worker/exhibitor, we ask that you provide the areas of the show you will be working and/or exhibiting.

If you are working on an exhibit, please list the owner of the exhibit:

ADDITIONAL PURCHASES:

Purchase Show Book (\$10.00) Yes _____ No _____ Cost: \$ _____

Purchase Show Button (\$1.00) Yes _____ No _____ Cost: \$ _____

TOTAL COST: \$ _____

Please Return Completed Form By August 30, 2025 To: CNDSTR PO Box 375 New Rockford, ND 58356

Make check payable to: CNDSTR

OFFICE USE: DATE: _____ CHECK #/CASH: _____ INITIALS: _____