



# Central North Dakota Steam Threshers, Inc.

## 2024 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, 2024 To: CNDSTR PO Box 375 New Rockford, ND 58356**

**Make check payable to: CNDSTR**

OFFICE USE: DATE: \_\_\_\_\_ CHECK #/CASH: \_\_\_\_\_ INITIALS: \_\_\_\_\_