



ENTRY# _____

Miles Driven: _____

Massachusetts Antique Fire Apparatus Association, Inc. Parade & Muster Apparatus Show Registration Form

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Private Owned: _____ Dept Owned: _____
Name on Apparatus (If applicable) : _____
Year: _____ Make: _____
Model: _____

Was Apparatus Driven to the Muster under its own power? YES or NO

**OWNERS/OPERATORS ARE RESPONSIBLE FOR CONTAINING, CLEANING UP
AND REMOVAL OF ANY FUEL/OIL LEAKS & SPILLS FROM APPARATUS**

Proof of insurance and a *working BC or ABC Extinguisher* and *WHEEL CHOCKS* are required for all apparatus parked on site.

**PLEASE DO NOT LEAVE SHOW SITE PRIOR TO 2PM UNLESS ABSOLUTELY
NECESSARY. CONTACT SAFETY TEAM FOR ASSISTANCE PRIOR TO EXITING.
RELEASE**

I (we) hereby certify that the apparatus entered by me (us) is road worthy according to the requirements of the State in which it is registered and is covered by property liability, personal injury, and property damage insurance. In addition to complying with the above Rule and Regulations, I (we) agree to indemnify and hold harmless MAFAA Inc, SPAAMFAA, and All People Church against all claims, demands, judgements, suits, or actions for injury or damages alleged to have been sustain by any party arising out of our participation in this muster event. I (we) also agree to read and abide by the MAFAA Safety Rules provided.

Insurance Co: _____ Policy No: _____

Owner or Fire Dept Officer Signature: _____ Date: _____

PLEASE MAIL PRE REG to: MAFAA PO BOX 3235 ANDOVER MA 01810
ENTRY FEE \$20 for Privately owned Apparatus
Massachusetts Antique Fire Apparatus Association is a recognized Non-Profit 501(c)3 charitable organization. All Donations are tax deductible.