

Winnebago-Boone Farm Bureau® Foundation TRACTOR TREK September 14, 2024 2024 DRIVER REGISTRATION FORM

The 4th Annual Winnebago-Boone Farm Bureau Foundation® "*Tractor Trek*" will be held on Saturday, September 14th.

Participants will have the opportunity to share the day with other antique tractor enthusiasts as they travel through the rolling hills of Northwest Winnebago County and beyond to Brodhead, WI. We will start our day at the Kelsey Family Farm in Davis; head north through the countryside; enjoy lunch and a tour of the Klech Aviation Museum; and conclude the day with refreshments at the Kelsey Family Farm before heading home. A 50/50 raffle will be held during the event.

Proceeds raised from this event will promote agricultural awareness in Winnebago and Boone Counties through the Winnebago-Boone Agriculture in the Classroom program, scholarships, and internships. The Winnebago-Boone Ag in the Classroom program features in-class presentations, agricultural materials for classrooms, teacher trainings, field trips, and ag-based community education programs for over 50,000 students.

Registration includes coffee, donuts, drinks, lunch, museum tour, and afternoon refreshments. The registration fee is \$50 per driver and \$30 per approved buddy rider. (Only pre-approved Buddy Riders will be allowed.)

Enclosed are the rules and regulations, registration form, and the emergency contact form. Please return the completed emergency contact form with your registration and payment. (The emergency contact forms will be returned to you at the event.) Forms are also available on the website at https://www.winnebagoboonefarmbureau.org/foundation.html.

A detailed letter and map will be mailed/emailed out to the registered drivers the third week of August. For questions, please call the Winnebago-Boone Farm Bureau office at 815-962-0654 or email Ann Marie Cain at wbfbmanager@winnebagoboonefarmbureau.org.

Registrations received by Friday, August 30th, will be eligible for a cash drawing of \$100.00.

Drawing will be held the day of the event during the lunch break. (The winner must be 18 years or older).



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	CTOR	Name			
	TITE	Address			
L	KEK				
N			E-mail_		
Tract	or Year/	- Hone			
Make/Model		Road Speed of Tractor			
	Example: 194	19 John Deere B	(min 10 mph)		
heirs. Found	I waive, release, and dation, and Winnebago-E	discharge the Tractor Trek Pla Boone Farm Bureau from any	own risk, and I agree on behalf of myself and anning Committee, Winnebago-Boone Farm Bureau liability for any losses, injury, or other damage ree to abide by the following rules:		
1. 2. 3. 4. 5. 6.	Driver must be age 16 or older and must possess a valid driver's license. Driver must be 18+ years old and be pre-approved to have a buddy seat rider. Tractors must be 25 years old or older. No four-wheel drive. Rubber tires only. Tractor must have a SMV sign. Mirrors are encouraged as well as fire extinguishers. Only one person on each tractor unless prior consent is obtained. Driver authorizes photographer and videographer to photograph, record and publish their likeness. All tractors must be in safe working condition. An inspection will be completed prior to beginning of trek. Drivers will operate their tractor in a safe manner at all times. Drivers will stay with the group and follow instructions.				
8.	No consumption of alc	cohol allowed.			
9.	Each driver is encoura	ged to place a sign on their tra	actor stating its year and model.		
Signa	ture of Driver (18+)		Date		
Parer	nt/Guardian:		Date		
(Drive	er 16-17 years old)				
	F	lease make check payable	to WBFB Foundation.		
Regis	tration, meal, museum _ Guest(s) for the luncl		\$50.00 \$25.00 per-person		
Total	: \$				

<u>Driver Registrations received by Friday August 30th will be eligible for a cash drawing of \$100.00</u> (The winner must be 18 years or older).

Mail this form, Emergency Contact form, and your check payable to: WBFB Foundation, 1925 S. Meridian Rd., Rockford, IL 61102

Lunch Guest Name(s)

Questions? Contact Winnebago-Boone Farm Bureau® at (815) 962-0654 or email Ann Marie Cain at wbfbmanager@winnebagoboonefarmbureau.org.

Emergency Contact Information

This document will be returned at the event.

NAME:	_
ADDRESS:	
CITY/STATE/ZIP:	
Health Insurance Carrier:	
Health Insurance ID #:	
Health Insurance Phone Number:	
Preferred Hospital:	
In the event of an emergency, please contact: 1. Name: Phone #: Relation:	
2. Name:Phone #:	
Medical Conditions/Allergies:	
Current Medications:	
Special Dietary Needs/ Food Allergies:	