



Winnebago-Boone Farm Bureau Foundation®
TRACTOR TREK September 9, 2023
2023 DRIVER REGISTRATION FORM

The 3rd Annual Winnebago-Boone Farm Bureau Foundation
“Tractor Trek” will be held on Saturday, September 9th.

Participants will have the opportunity to share the day with other antique tractor enthusiasts as they travel through southern Winnebago County. We will start our day at the Winnebago County Fairgrounds in Pecatonica, head south through the countryside, stop at the Beuth Farm, enjoy lunch at Severson Dells and conclude the day with refreshments at the Winnebago County Fairgrounds before heading home. A 50/50 raffle will be held during the lunch break.

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 44,000 students.

Registration includes coffee, donuts, water, lunch, and afternoon refreshments. The registration fee is \$50 per driver and \$25 per approved buddy rider. (Only pre-approved Buddy Riders will be allowed.) For more information, please call the Winnebago-Boone Farm Bureau office at 815-962-0654 or email Ann Marie Cain at wfbmanager@live.com.

Additional details, rules and regulations, registration/emergency contact forms will be available on our website <https://www.winnebago-boonefarmbureau.org/foundation.html>

Registrations received by Monday, August 29th, 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).



Winnebago-Boone Farm Bureau Foundation®

TRACTOR TREK September 9, 2023

DRIVER REGISTRATION FORM

Name _____

Address _____

City/State/Zip _____

Phone _____ E-mail _____

Tractor Year/Make/Model _____ Road Speed of Tractor _____

Example: 1949 John Deere B

(min 10 mph)

I understand that my participation in this event is at my own risk and I agree on behalf of myself and heirs. I waive, release, and discharge the Tractor Trek Planning Committee, Winnebago-Boone Farm Bureau Foundation, and Winnebago-Boone Farm Bureau from any liability for any losses, injury, or other damage sustained due to my participation in the event. I also agree to abide by the following rules:

1. Driver must be age 16 or older and must possess a valid driver's license.
2. Driver must be 18+ years old and be pre-approved to have a buddy seat rider.
3. Tractor must be 25 years old or older. No four-wheel drives. Rubber tires only.
4. Tractor must have a SMV sign. Mirrors are encouraged as well as fire extinguishers.
5. Only one person on each tractor unless prior consent is obtained.
6. Driver authorizes photographer and videographer to photograph, record and publish their likeness.
7. All tractors must be in safe working condition. An inspection will be completed prior to beginning of trek. Driver will operate their tractor in a safe manner at all times. Drivers will stay with the group and follow instructions.
8. No consumption of alcohol allowed.
9. Each driver is encouraged to place a sign on their tractor stating its year and model.

Signature of Driver (18+) _____ Date _____

Parent/Guardian: _____ Date _____

(Driver 16-17 years old)

Please make check payable to WBFB Foundation.

Registration, meal, and plaque

\$50.00

_____ Guest(s) for the lunch

X \$20.00 per-person

Total: \$ _____

Lunch Guest Name(s) _____

Driver Registrations received by Monday August 28th will be eligible for a cash drawing of \$100.00

(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

We will mail out a detailed driver's letter and map the third week of August.

Questions? Contact Winnebago-Boone Farm Bureau at (815) 962-0654 or email Ann Marie Cain at

wfbmanager@live.com.

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 #: _____

Relation: _____

Medical Conditions/Allergies:

Current Medications: _____

Special Dietary Needs/ Food Allergies:

*Signature of Tractor Trek Participant/
Participant's (under 18) Parent or Guardian*