

2025

New England Garden Tractor Pullers, Inc Membership Registration

Name_____

Mailing Address_____

City_____State_____Zip_____

Phone(Area Code)____-_____(This is for emergencies,pull dates and cancellations)

Please list any possible driver(s) in Family Membership* and tractor(s) used in competition:

	Name	Tractor Name	Class	Type	Year	Color(s)
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____

*Family membership consists of any members living at the same address.

***Only paid in advance members will receive points for the first pull.**

Make all checks payable to: **New England Garden Tractor Pullers Inc.**

Family membership is a \$35.00 annual fee.

Mail check,Membership Registration, and Agreement Waiver form to:

Britney LaBelle

19 Beverly Ann Drive

Hope Valley, RI 02832

For Office Use Only:

Paid_____ **Date**_____

New England Garden Tractor Pullers Inc.
AGREEMENT WAIVER FOR ALL EVENTS

All participants must register personally with the officials prior to the start of each contest. This waiver form is good for the 2025 season, it must be submitted by all drivers signed and dated before participation in any event. If driver is under 18 years of age, a parent or guardian must sign and date the waiver form.

Contestant's Name **(PLEASE PRINT)**

I (we) agree to abide by the rules of the New England Garden Tractor Pullers Inc., and hereby waive all claims against the same and the officials for injury or damage to the contestants person and/or property.

I (we) assume the risk of personal and/or property damage resulting from or associated with the contestant's participation. This agreement, waiver and assumption shall apply to all events participated in throughout the current garden tractor pulling season.

I (we) have read and understand the above waiver, the Official 2024-2025 rules and agree to the conditions.

Contestant's Signature _____ Date _____

Contestant's Signature _____ Date _____

Contestant's Signature _____ Date _____

Contestant/Family _____ Date _____

Contestant/Family _____ Date _____

Parent/Guardian Signature _____ Date _____

(If contestant is under 18 years old)

Must be signed before we accept your membership.

By signing this, I agree to provide help to NEGTP at all events that I attend:

Signature _____ Date _____