PARTICIPANT INFORMATION						
Name:					Date:	
Address:	Street Address				Apartment/Unit #	
	City			State	ZIP Code	
Phone:				Email		
Tractor Club	:					
If this your fi	rst time participating?	YES	NO	What is your age range? 18 +	16-17 13-15	
Has this tractor taken a buddy seat before?		YES	NO	If yes, what year?		
Year/Make/Model of Tractor:						
What is the name of Driver?						
If the buddy	rider is under 15, what is the na	me of th	ne pers	on riding next to them?		
Is the buddy rider sitting next to or behind the driver?  Next To Behind  □ □						
Is the seat a	pan or bench seat?			Pan Seat Bench Seat		
Disclaimer and Signature						
I certify that my answers are true and complete to the best of my knowledge. I certify that I am a registered member of the club I listed.						
I agree that I have read the rules of the 2021 Mackinac Bridge Antique Tractor Crossing. I agree to abide by all rules of the 2021 event including, but not limited to, all COVID-19 protocols and restrictions in place during the event. I understand that there are no refunds for any reason. I also understand that Owosso Tractor Repair & Parts has the right to change or cancel registrations for any reason.						
Signature:				Da	Date:	
Checks paya	able to Owosso Tractor Repair &	Parts.	If this	is a new seat, pictures must be s	ent with registration.	
Registration	and payment may be mailed to:					

If you have any questions, please email us at bridgecrossinginfo@owossotractor.com, call/text Rebecca at 989-721-6882 (please allow up to 48 hours for a return call) or contact your club representative.

Upon receiving your registration and payment, your registration will be entered online. If you provided an email address, you will receive a receipt and registration number.