



99th SHENANDOAH APPLE BLOSSOM FESTIVAL®

FIREFIGHTER'S TRUCK RODEO

ENTRY FORM

Please print clearly, unless otherwise indicated.

Name _____

Age _____ Years of Driving Experience _____ Years in Fire Service _____

Member of _____ Fire Department

Department Address _____

Phone (cell) _____

EVO # _____

Department Chief _____

I certify that _____ of

_____ Fire Department is a qualified driver for
and has permission to represent this department in the Firefighter's Truck Rodeo.

Signature of Chief Officer Cell Number

MUST HAVE EVO CERTIFICATE

I _____ agree to abide by all rules
and regulations set forth by the Firefighter's Committee and the Shenandoah Apple
Blossom Festival®. I understand that the decision of the judges is **FINAL**

Signature of Applicant

By signing the above I/We agree and understand that the Shenandoah Apple Blossom Festival, Inc®. is not liable for injury to persons participating in the parades, spectators or damage to vehicles and personal property. Further, we agree to abide by all the rules, regulations, and policies of the Shenandoah Apple Blossom Festival® and agree, if we participate to comply with them as prescribed, and to indemnify and agree to hold the Shenandoah Apple Blossom Festival®, City of Winchester and County of Frederick harmless from any and all liability arising from our participation in the Festival.

Please send form to: Shenandoah Apple Blossom Festival
135 N Cameron St.
Winchester, VA 22601
540-662-3863
Email: hwaugh@thebloom.com