



ALL AMERICAN
FIRE MUSTER

LIKE MUSTER
ALL AMERICAN

2009 All American Fire Muster Vehicle Registration Form



FIRE MUSEUM
AND EDUCATIONAL CENTER



DEADLINE FOR SUBMISSION
WEDNESDAY, AUGUST 19th, 2009

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE () _____

SPAAMFAA CHAPTER AFFILIATION (IF ANY) _____

I would like to register _____ Apparatus
Circle One: Fire Dept. Private

Make: _____ Model _____ Year: _____

Type: _____ Pumper (_____ gpm) _____ Aerial Ladder (_____ ft.)

_____ City Service Ladder _____ Chemical or Hose _____ Other

_____ Professional Car (ambulance or other support vehicle)

Motive Power: _____ Gasoline _____ Horse Drawn _____ Hand Drawn

Pumper Entries: Type of Pump: _____ Centrifugal _____ Rotary _____ Piston

Pump Power: _____ Motor _____ Steam _____ Hand

**Apparatus entries will not be accepted unless this section is completed.
Insurance Statement**

Apparatus entries **will not** be accepted unless this section is completed and signed.

Insurance Carrier (Company Name) _____

Policy Number _____ Effective Date _____ Expiration Date _____

The apparatus I am entering will be in sound mechanical condition, roadworthy as required by the state in which the apparatus is registered, and will carry public liability and property damage insurance, (as indicated by the policy number above), for the day of the muster and for any time that the apparatus may be on the muster grounds. I agree to hold The North Charleston American LaFrance Fire Museum and Educational Center and the City of North Charleston harmless for any liability I/we incur.

Signature _____

Print Name _____ Date _____