

# 4th ANNUAL SPRING MUSTER REGISTRATION FORM

Please fill out registration form and mail to:  
AFANJ SPRING MUSTER  
c/o Sam Robinson, PO Box 279  
Pluckemin, NJ 07978

There will be a \$15.00 fee per vehicle to register for this muster  
(Make check payable to AFANJ)

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email address \_\_\_\_\_

Year: \_\_\_\_\_ Apparatus Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_ Type: ( ) Vintage Motorized ( ) Hand or Horse Drawn

( ) Pumper – Capacity: \_\_\_\_\_ GPM ( ) Ambulance ( ) Brush Truck

( ) Ladder, Aerial, Snorkel, Tower: \_\_\_\_\_ FT ( ) Rescue

( ) Other – Specify Type: \_\_\_\_\_ Will you need draft site? Y / N

Apparatus is: ( ) Privately Owned ( ) Fire Department / Organizationally

Apparatus will be ( ) driven or ( ) trailered to Muster site

---

The fire apparatus that I am entering will be in sound mechanical condition, roadworthy, as required by the state in which it is registered and will carry public liability and property damage insurance. I agree to hold Roxbury Township and the Antique Fire Association of New Jersey and their assignees harmless from any and all liabilities, damages and /or expenses I/We incur.

Name of Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR AFANJ USE ONLY**

Date Received: \_\_\_\_\_

Space # : \_\_\_\_\_