

York County, Pennsylvania

Fire Muster and Convention

Saturday, September 27, 2025

**Southern Area Fire & Emergency Rescue
Yorkana Fire Station, 5410 Mount Pisgah Road, York, PA 17406**



Event opens to the public at 10 a.m.

Food Trucks will be on site for your enjoyment!

New for this year...

You are invited to attend a combined banquet of the Firefighters Association of York County and the Old Fire Farts of York County on Friday, September 26, 2025, at Southern Area Fire & Emergency Rescue, Dallastown Fire Station, 50 School Place, Dallastown, PA.

Doors open at 5:30 p.m. Dinner starts at 6:00 p.m.

RSVP by email to: financialcoordinator@saferyork.com no later than September 5, 2025. Include the names of all attending.

There is NO CHARGE for the banquet.

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REGISTRATION FORM

VENDOR/OWNER NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL : _____ PHONE: _____

- Outside vendor spaces (next to your vehicle) are approximately 10'x10'.
Bring your own tables, chairs, and canopies. Number of spaces _____ x \$25 each = \$ _____
- Inside vendor space is also available. One table and two chairs _____ x \$25 each = \$ _____
- Set-up for all vendors starts at 7:00 AM.
- Apparatus – Number of Pieces _____ x \$25 each = \$ _____ Maximum fee is \$50.
Third and additional apparatus from the same owner may enter at no additional charge.
- Apparatus check-in begins at 8:00 AM.
- **THERE IS NO REGISTRATION FEE FOR APPARATUS OWNED/OPERATED BY ANY FIRE DEPARTMENT FROM YORK COUNTY**

1ST APPARATUS

YEAR _____ Make _____ MODEL/TYPE _____ PUMPING ___ YES ___ NO

2ND APPARATUS:

YEAR _____ MAKE _____ MODEL/TYPE _____ PUMPING ___ YES ___ NO

3rd APPARATUS:

YEAR _____ MAKE _____ MODEL/TYPE _____ PUMPING ___ YES ___ NO

(List any other apparatus on the back of this form).

Insurance Carrier _____ Policy # _____

(Send along a copy of your insurance ID card. This is required to participate).

- I understand and acknowledge that the activities that I am about to voluntarily engage in as a participant have certain known and unknown risks. I agree to hold the sponsoring Organizations harmless for any liabilities, which I/we might incur.

Signature Required: _____ Date: _____

Print Name: _____

Return this form with check (if applicable) payable to the "Old Fire Farts of York County."

Send to: Old Fire Farts of York County
c/o Greg Halpin, Secretary
794 Pacific Avenue
York, PA 17404-2451

Registration and payment is due by September 12, 2025.