Chelan County Fair
Exhibitor Support

INDIVIDUAL
OR BUSINESS: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: ( ) _____ TOTAL OF ALL PAGES: $ _____

Please list each individual exhibitor and the amount that you wish to add as support. You may use the same page for all species of animals and all of the exhibitors you wish to support.

SALE #	EXHIBITOR NAME (Please print or type)	AMOUNT
	PAGE TOTAL:	

I/ WE AGREE TO PAY THE TOTAL AMOUNT OF ADD-ON SUPPORT MONEY PLEDGED FOLLOWING THE LIVESTOCK SALE.

~ Thank you for your prompt payment ~