

Okanogan County Fair

Exhibitor "Add-On" Form

Business or Individual Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Email: _____

Please list the individuals full name and the dollar amount that you wish to support below. You may list multiple exhibitors on this form. An invoice will be sent from the Okanogan County Fair upon receipt of this form to the address listed above. If you wish to send a check accompanied with this form and invoice marked paid will be sent upon receipt of this form. Your prompt payment is much appreciated.

EXHIBITOR NAME:	DOLLAR AMOUNT:

Total Dollar Amount: _____

I/We Agree to pay the full dollar amount pledged above to the Market Stock Fund.

Signature of Representative or Individual: _____

Make Checks Payable To:

Okanogan County Fair Office: (509)422-1621

Market Stock Fund

Livestock Coordinator: (509)826-3363

P.O. Box. 467

Okanogan, WA 98840