



PIERCE COUNTY YOUTH MARKET SALE ADD-ON 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. You will be given recognition throughout the Sale as an individual or firm which has chosen to Support exhibitors at the Pierce County Youth Market Sale.

OFFICE USE ONLY (EX. #)	EXHIBITOR NAME (PLEASE PRINT OR TYPE)	AMOUNT

PAGE TOTAL \$

I/We agree to pay the total amount of add-on support money pledged by the Monday following the Pierce County Youth Market Sale. **— THANK YOU FOR YOUR PROMPT PAYMENT**

Signature of Individual or Representative _____

**REMIT TO:
PIERCE COUNTY YOUTH MARKET SALE
PO BOX 1362
GRAHAM, WA 98338**