ADD-ON FORM

PLEASE TYPE OR PRINT. PLEASE FILL OUT COMPLETELY.

BUSINESS NAME:_____ CONTACT PERSON:_____

ADDRESS:_____ CITY:_____ STATE_____ ZIP _____

PHONE #:_____

EXHIBITOR NAME	CLUB/CHAPTER	DIVISION	TAG NO.	SALE NO.	ADD-ON AMOUNT
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
TOTAL AMOUNT DUE					$

SIGNATURE:_____

PAYMENT DUE WHEN THIS FORM IS COMPLETED AND TURNED IN

MAKE CHECK PAYABLE TO: RGVLS

OFFICE USE ONLY

RECEIVED BY:_____ DATE:_____

CHECK NO:_____ CASH_____

NAME ON CHECK/CC _____

CREDIT CARD #_____

EXPIRATION DATE:_____