North Central Washington District Fair
Exhibitor Support

INDIVIDUAL OR
BUSINESS _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (____) _____ TOTAL OF ALL PAGES $ _____

Please list each individual exhibitor and the amount 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 North Central Washington District Fair.

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-

Signature of Individual
or Representative _____

Please make checks payable to:
NCW Fair – Livestock Sale

Send the first two copies in with payment,
retain the pink copy for your records.
Please return to:
NCW Fair, PO Box 460, Waterville, WA 98858