

2024 RGVLS

ADD-ON FORM

PLEASE TYPE OR PRINT INFORMATION. FORM MUST BE FILLED OUT COMPLETELY.

DEADLINE MARCH 17, 2024

BUSINESS NAME _____ CONTACT PERSON _____

ADDRESS _____ CITY _____ ZIP _____

PHONE NUMBER _____ EMAIL ADDRESS _____

EXHIBITOR NAME	CLUB/CHAPTER	DIVISION	AMOUNT
		TOTAL AMOUNT DUE	

SIGNATURE OF DONOR _____

Payment is due along with this completed form. Checks can be made payable to RGVLS.

OFFICE USE ONLY

RECEIVED BY _____ DATE _____

CHECK# _____ CASH _____

NAME ON CREDIT CARD _____

CREDIT CARD # _____

EXPIRATION DATE _____ CID _____

ZIP CODE USED FOR CREDIT CARD _____