## RAINS COUNTY FAIR ADD-ON MONEY

Please Print

<b>EXHIBITOR'S NAME</b>		AMOUNT		
TOTAL AMOUNT	\$			
TOTAL AMOUNT		CHECK	CHECK #:	
	CASH		CHECK #.	
PURCHASER'S NAME:				
MAILING ADDRESS:				
CITY:			ZIP:	
EMAIL:			PHONE:	
SPECIAL INSTRUCTIONS:				
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