

# **SOUTHEASTERN ARIZONA LIVESTOCK EXPO**

## **ADD-ON AGREEMENT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Sale #	Exhibitor Name	Add-on Amount
TOTAL AMOUNT DUE:		

Make checks payable to: Southeastern Arizona Livestock EXPO and return on or before 9/27

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***Submit at auction or mail sheet and payment to:***  
***Southeastern Arizona Livestock EXPO***  
***PO Box 814***  
***Willcox, AZ 85644***

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# **THANK YOU FOR YOUR SUPPORT!**