

# SOUTHEASTERN ARIZONA LIVESTOCK EXPO ADD-ON AGREEMENT

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_

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

Sale #	Exhibitor Name	Add-on Amount
<b>TOTAL AMOUNT DUE:</b>		

Make checks payable to: Southeastern Arizona Livestock EXPO and return on or before 9/30/22

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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!