

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 **9/30/24**

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

THANK YOU FOR YOUR SUPPORT!