

WOLVERINE PULLERS CONTINGENCY FORM

DATE: _____

NAME OF BUSINESS: _____

CONTACT PERSON: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ E-MAIL: _____

WEB-SITE _____

WOLVERINE PULLER CONTACT: _____

(THIS PERSON WILL BE CREDITED FOR THE YEAR END POINTS FUND)

SIZE OF AD:

BUSINESS CARD \$100 _____

¼ PAGE \$250 _____

ADVERTISEMENT IN OUR TRI FOLD SCHEDULE TO BE HANDED OUT BY ALL COMPETITORS, DISTRIBUTED AT THE EVENT ENTRY TRAILER AND SHIPPED TO EACH EVENT

MAKE ALL CHECKS PAYABLE TO: WOLVERINE PULLERS, INC.

**MAIL ALL FORMS AND CHECKS TO:
KAREN ALLEN-WOLVERINE PULLERS
1482 S 1050 W
LAGRANGE, IN 46761
260-475-5340
260-668-2251 CELL**

PLEASE INCLUDE YOUR AD FORMAT OR A BUSINESS CARD WITH THIS FORM. AN ADDITIONAL SHEET WITH APPROPRIATE LOGOS, ETC. MAY ALSO BE SENT WITH THIS FORM.

THIS MUST BE RECEIVED NO LATER THAN APRIL 1.

DATE RECEIVED: _____ CK#/CASH _____ AMOUNT _____