

**INDIAN RIVER COUNTY YOUTH LIVESTOCK &
HORTICULTURE SHOW & SALE
CARTEL INFORMATION FORM
PO BOX 613, FELLSMERE, FL 32948**

CARTEL NAME: _____

1. MEMBER NAME: _____

BUSINESS NAME: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PHONE: _____ AMOUNT CONTRIBUTED: _____

2. MEMBER NAME: _____

BUSINESS NAME: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PHONE: _____ AMOUNT CONTRIBUTED: _____

3. MEMBER NAME: _____

BUSINESS NAME: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PHONE: _____ AMOUNT CONTRIBUTED: _____

4. MEMBER NAME: _____

BUSINESS NAME: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PHONE: _____ AMOUNT CONTRIBUTED: _____

5. MEMBER NAME: _____

BUSINESS NAME: _____

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PHONE: _____ AMOUNT CONTRIBUTED: _____

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6. MEMBER NAME: _____

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ADDRESS: _____ CITY _____ STATE _____ ZIP _____

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7. MEMBER NAME: _____

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PHONE: _____ AMOUNT CONTRIBUTED: _____

8. MEMBER NAME: _____

BUSINESS NAME: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PHONE: _____ AMOUNT CONTRIBUTED: _____

9. MEMBER NAME: _____

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PHONE: _____ AMOUNT CONTRIBUTED: _____

10. MEMBER NAME: _____

BUSINESS NAME: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PHONE: _____ AMOUNT CONTRIBUTED: _____