

2024 WOLVERINE PULLERS CONTINGENCY FORM

DATE: _____

NAME OF BUSINESS: _____

CONTACT PERSON: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ E-MAIL: _____

WEBSITE: _____

SIZE OF AD:

BUSINESS CARD \$100 _____

¼ PAGE \$250 _____

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

PLEASE MAKE ALL CHECKS PAYABLE TO: WOLVERINE PULLERS, INC.

PLEASE MAIL ALL FORMS AND CHECKS TO:

**MINDY TROWBRIDGE- WOLVERINE PULLERS
02845 64TH STREET
SOUTH HAVEN, MI 49090
(269) 214-7881 CELL
wolverinepullers@gmail.com
or
mtrowbridge613@gmail.com**

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. THANK YOU!

THIS MUST BE RECEIVED NO LATER THAN APRIL 20th, 2024.

DATE RECEIVED: _____ CK#/CASH _____ AMOUNT _____