

**2025 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 64<sup>TH</sup> 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 18<sup>th</sup>, 2025.**

DATE RECEIVED: \_\_\_\_\_ CK#/CASH \_\_\_\_\_ AMOUNT \_\_\_\_\_