

**FORT BEND COUNTY FAIR**

**ADD-ON FORM**

Payment: _____
Check _____ Cash _____
Invoice _____ CC _____
By: _____

**BUYER#** \_\_\_\_\_ **BUYER:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**BUYER'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Circle one:** Auction \* Commercial Heifer \* Freezer Sale \* Art

Lot #.	Name of Exhibitor	Add-On Amount

**\*\*ATTENTION\*\***  
 Add-On form totals less than \$350 will need to be paid in full at the time form is turned in

**Total** \_\_\_\_\_