



INDIAN RIVER COUNTY 4-H LIVESTOCK SHOW & SALE
CARTEL INFORMATION FORM
1800 27th Street, Vero Beach, FL 32960

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: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PHONE: _____ AMOUNT CONTRIBUTED: _____



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8. MEMBER NAME: _____

BUSINESS NAME: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PHONE: _____ AMOUNT CONTRIBUTED: _____

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10. MEMBER NAME: _____

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PHONE: _____ AMOUNT CONTRIBUTED: _____