

**EXPO SCAVENGER HUNT
EXHIBITOR APPLICATION**

NAME _____

BUSINESS NAME _____

ADDRESS _____

PHONE _____ EMAIL _____

CLUE 10 WORDS OR LESS

NAME OF MYSTERY ITEM _____

PRIZE DONATION _____

REGISTRATION FEE \$10 _____

CREDIT CARD _____ EXP.DATE _____

I AGREE TO ALL THE TERMS AND CONDITIONS

SIGNATURE _____

TITLE _____

**PLEASE FILL OUT EXHIBITOR APPLICATION FORM AND RETURN TO
ELIZABETH STEVENSON, 393 N. MC LEAN BLVD. WICHITA KS 67203-5868, OR FAX
316-269-9191 ALONG WITH YOUR \$10 ENTRY FEE NO LATER THAN March 10, 2010.**