

# EXHIBITIONS \$5 EACH

INDICATE THE NUMBER IN EACH TIME FRAME IN THE TABLE BELOW

EXHIBS MUST BE TAKEN BY THE PERSON WHOSE NAME THEY ARE RESERVED IN!

TIME FRAMES	FRIDAY HOW MANY?	TIME FRAMES	SATURDAY HOW MANY?
8-9		8-8:30	
9-10		8:30-9	
10-11		9-9:30	
11-12		9:30-10	
12-1		10-10:30	
1-2:30			

TO PRE ENTER BY MAIL POSTMARK FORM BY APRIL 13 TO: WRAPN3 PO BOX 1625 THREE RIVERS, TX 78071

OR SCAN VIA EMAIL IN PDF FORMAT ONLY TO [SNAZZY1414@YAHOO.COM](mailto:SNAZZY1414@YAHOO.COM) BY APRIL 20

WITH CREDIT CARD INFO:

CREDIT CARD NUMBER \_\_\_\_\_

EXP DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_ CODE ON BACK \_\_\_\_\_ BILLING ZIP CODE \_\_\_\_\_