

**BUYER REGISTRATION
KALAMAZOO COUNTY FAIR**

(Please be sure to fill out information completely, phone # is necessary)

Make sure to write legibly – if we can't read it or there is missing information we will not add them to the mailing list

Business Name _____

Contact Person _____

Street _____ City _____

Zip _____ Phone _____

Business Name _____

Contact Person _____

Street _____ City _____

Zip _____ Phone _____

Business Name _____

Contact Person _____

Street _____ City _____

Zip _____ Phone _____

Business Name _____

Contact Person _____

Street _____ City _____

Zip _____ Phone _____

Submitted by:

RETURN NO LATER THAN July 15

Name: _____

Address: _____

Kalamazoo County MSU Extension – 4-H Office
201 W. Kalamazoo, Suite 306
Kalamazoo, MI 49007
bolhuisv@msu.edu

Business Name _____

Contact Person _____

Street _____ City _____

Zip _____ Phone _____

Business Name _____

Contact Person _____

Street _____ City _____

Zip _____ Phone _____

Business Name _____

Contact Person _____

Street _____ City _____

Zip _____ Phone _____

Business Name _____

Contact Person _____

Street _____ City _____

Zip _____ Phone _____

Business Name _____

Contact Person _____

Street _____ City _____

Zip _____ Phone _____

Business Name _____

Contact Person _____

Street _____ City _____

Zip _____ Phone _____