



# SUMMERAIL AT C.U.T.

**SATURDAY AUGUST 13, 2011  
DEALER REGISTRATION FORM**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

NAME TAG #1: \_\_\_\_\_

NAME TAG #2: \_\_\_\_\_

NAME TAG #3: \_\_\_\_\_

**I WOULD LIKE TO ORDER THE FOLLOWING:**

NO# \_\_\_\_\_ 8 FT. TABLES @ \$25.00,

ELECTRIC HOOKUP AT \$15.00 YES \_\_\_ NO \_\_\_

**\*\*\*\*\* ORDERS MUST BE RECEIVED BY NO LATER THAN AUGUST 1 \*\*\*\*\***

I WILL PAY BY THE FOLLOWING METHOD (Make Checks payable to Summerail Show)

CHECK # \_\_\_\_\_ AMOUNT\$ \_\_\_\_\_

VISA \_\_\_\_\_ MASTERCARD \_\_\_\_\_

CARD# \_\_\_\_\_ EXPIRES \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**Return Order Form To: Summerail Show & Sale**

C/O Gary Rolih

4 Sheldon Close

Cincinnati, OH, 45227

513-561-1670 srolih@cinci.rr.com

**\*\*\*\*\* ORDERS FILLED ON FIRST COME, FIRST FILED\*\*\*\*\***