

Annual Championship Tractor Pull



Program Order Form

Please complete the following information and send to:

Annual Championship Tractor Pull Program

Attn: Tess Faust, P.O. Box 37130, Louisville, KY 40233-7130

If paying with a credit card, orders may be faxed to (502)367-5189 or email to tfaust@ksfb.ky.gov

Shipping Information

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Billing Information

*Name on card: _____

Company: _____

*Billing Address of Card Holder: _____

*City: _____ *State: _____ *Zip Code: _____

*Phone #: _____ Email address: _____

*Type of Card (check one) Visa MasterCard Discover American Express

*Card Number: _____

*Exp. Date: ___/___ *CVC (Card Verification Code): ___ (3-digit code located on the back of VISA, Discover and MasterCard, 4-digit code on the front of American Express)

Price per program (includes tax): **\$5.00**

Quantity of programs: x _____

Subtotal: = _____

Shipping & Handling: + **\$3.00 (per book)**

TOTAL = _____

*Signature: _____ Date: _____

***required fields**

If you have any questions, please contact Tess Faust at tfaust@ksfb.ky.gov or (502)367-5180.