

Texas Division
Sons of Confederate Veterans
126th Annual Reunion
Vendor Application

Company Name _____

Address _____

City _____ State _____ Zip Code _____

Person of Contact _____ Phone _____

Cell Phone(s) _____

Table: \$50 Number of Tables _____ Total _____

Please make checks payable to Col. Thomas S Lubbock Camp 1352. Print Registration Form and mail to James Putman-Adjutant, P. O. Box 856 Wolfforth, TX 79382

