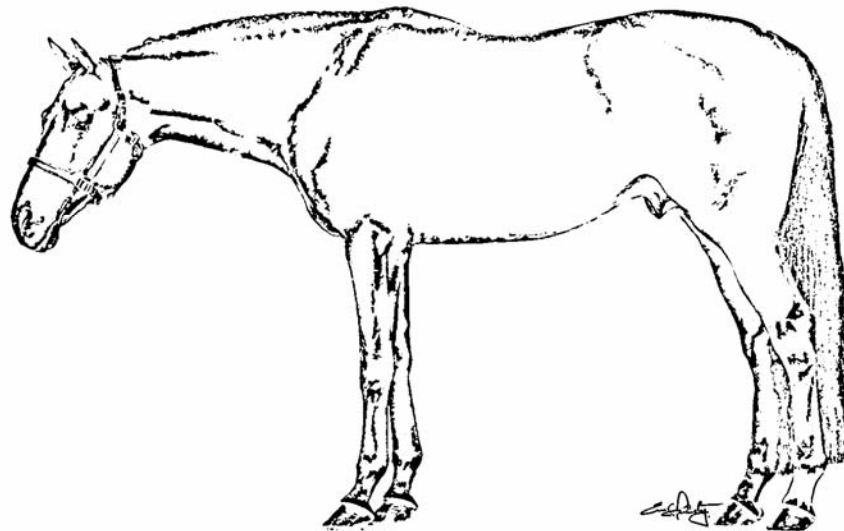
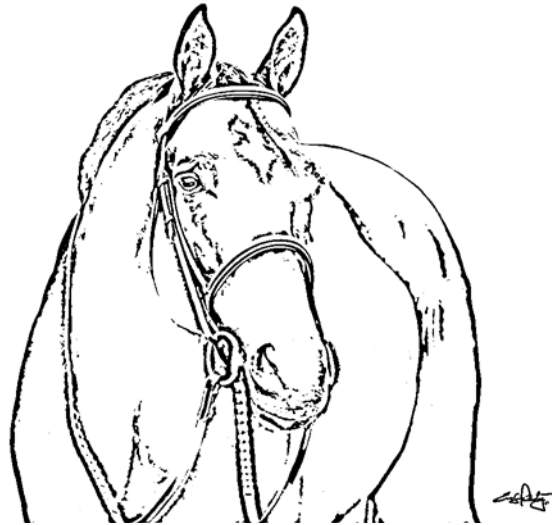


INDIAN  ARTIFACTS
HALLOWEEN COSTUME CONTEST



Contestant Name: _____
Address: _____ **Shirt Size:** S M L XL
City, State, Zip: _____ **Age:** _____
PHN: _____ **Email:** _____

DeGraff Stables, Inc., PO Box 4350, 3945 W. Leestown Road, Midway, KY 40347
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