Name	TTOS#Phone
Email	
Address	APT
City	StateZIP
Number of 8' tablesx\$20	(TTOS) / \$25 (others)(6 max per seller)
After 12/1/24:x\$30 Powe	er\$35 (One helper admission/seller)
Make checks payable to: TTOS-SI	P Division. Total enclosed:
Credit Card Payments: add 5% cr	edit card fee.
	-OR-
VISA, MasterCard #	Exp Date
Verification Code	Signature
Billing Name	
Address	APT
City	State ZIP

Mail with your completed California Events Certification form to:

TTOS-SP Division 2024 Super Meet P.O. Box 70946 Riverside, CA 92513