



MISSOURI STATE FAIR ENTRIES
2503 W. 16TH ST., SEDALIA, MO 65301

BEEF

MARK APPROPRIATE DIVISION(S) 4-H FFA OPEN

ENTRY MUST BE RECEIVED BY JUNE 30, 2017

When there is only 1 exhibit in a class, the exhibitor will receive half of the premium money for placing awarded by the judge.

Late fee will be enforced to all entries received after 6/30/17, and must be received by 7/25/17.

SOCIAL SECURITY NUMBER	FEDERAL ID NUMBER
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TITLE (CHECK ONE)
 MR. MRS. MISS MS.

EXHIBITOR'S NAME

BE SURE TO PRE-ENTER GROUP CLASSES.

RANCH OR FARM NAME	PREMISE ID NUMBER
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ADDRESS

CITY	STATE	ZIP CODE
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COUNTY NAME	DAYTIME TELEPHONE	BIRTH DATE (YOUTH ONLY)
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*E-MAIL ADDRESS

PLEASE STALL NEAR

EXHIBITOR'S SIGNATURE

ENTRIES	QTY		TOTAL
OPEN BEEF CATTLE		\$20.00	
LATE FEE (RECEIVED 7/1 - 7/25) PER HEAD		\$20.00	
4-H/FFA BEEF CATTLE		\$11.00	
LATE FEE (RECEIVED 7/1 - 7/25) PER HEAD		\$11.00	
Check our website for daily admission specials. www.mostatefair.com/gate-admission			
DISCOUNT ADMISSION (13 & OLDER) - LIMIT 40 TICKETS PER EXHIBITOR			
ADULT DAILY ADMISSION		\$5.00	
EXHIBITOR VEHICLE PASSES (6 & 11 DAY AVAILABLE ONLY WITH ENTRIES) (LIMIT 2 PER EXHIBITOR)			
11 DAYS - VEHICLE (\$23.13 + \$1.87 SALES TAX)		\$25.00	
6 DAYS - VEHICLE (\$13.88 + \$1.12 SALES TAX)		\$15.00	
1 DAY - VEHICLE (\$4.63 + \$0.37 SALES TAX)		\$5.00	
		PROCESSING FEE	\$2.00
		TOTAL AMOUNT DUE	

Please accept these entries subject to the rules and regulations as carried in the 2017 Missouri State Fair online premium guide by which I agree to be governed, and I further declare that all statements made in connection with said entries are true. By signing this entry form, I agree to abide by the code of animal ethics and photograph release. *By providing your e-mail address you are giving MSF permission to send you information electronically.

PAYMENT INFORMATION*

CREDIT CARD (CHECK ONE)
 M/C VISA DISCOVER

NUMBER	3 DIGIT SECURITY CODE	EXPIRATION DATE (MM/YY)
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4-H ENTRIES MUST BE SIGNED BY THE EXTENSION AGENT AND FFA ENTRIES MUST BE SIGNED BY THE TEACHER OF AGRICULTURE.

APPROVED BY	TELEPHONE	SIGNATURE
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4-H COUNTY OF MEMBERSHIP	FFA SCHOOL DISTRICT	FFA CHAPTER #	PRINT SIGNATURE NAME
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BEEF

EXHIBITOR'S NAME					SOCIAL SECURITY NUMBER			FEDERAL ID NUMBER				
NAME OF ANIMAL			REG NUMBER		BRAND/TATTOO		ID/EAR MARK NUMBER		DOB		SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> BULL	
OPEN		4-H/FFA			SIRE			REG NUMBER		OWNER NAME		
SECTION LETTER	CLASSES		DEPT LETTER	SECTION LETTER	CLASS	DAM			REG NUMBER		ADDRESS	
						BREED			CITY		STATE	ZIP CODE
NAME OF ANIMAL			REG NUMBER		BRAND/TATTOO		ID/EAR MARK NUMBER		DOB		SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> BULL	
OPEN		4-H/FFA			SIRE			REG NUMBER		OWNER NAME		
SECTION LETTER	CLASSES		DEPT LETTER	SECTION LETTER	CLASS	DAM			REG NUMBER		ADDRESS	
						BREED			CITY		STATE	ZIP CODE
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						BREED			CITY		STATE	ZIP CODE

**MISSOURI
STATE FAIR**

AUG 10-20, 2017

SEDALIA



VENDOR INPUT INSTRUCTIONS

To claim Missouri State Fair premiums won in conjunction with entries, you are required to provide the following information on the Vendor Input Form:

- **Exhibitor's name and Social Security Number, as shown on social security card**
- **Exhibitor's valid mailing address**
- **Exhibitor's valid telephone number**
- **Two signatures (at black "X" and at bottom of form)**

Forms must be returned to the Missouri State Fair with your entries to:

Mail: Missouri State Fair Entries
2503 W. 16th St.
Sedalia, MO 65301

Please make sure information is provided for the EXHIBITOR, and not for a parent or guardian.

To receive your premium payment via direct deposit into your bank account, please take the form to your bank and have a representative complete the section "TO BE COMPLETED BY FINANCIAL INSTITUTION". If this information is left blank, a paper check will be mailed.

Premiums not claimed by the end of the calendar year will be forfeited, per Missouri State Fair rules and regulations.



STATE OF MISSOURI
OFFICE OF ADMINISTRATION
VENDOR INPUT/ACH-EFT APPLICATION

***REQUIRED FIELDS**

*NAME/ADDRESS AS SHOWN ON FEDERAL TAX RETURN _____ _____ _____	*FEDERAL TAX ID NUMBER OR SOCIAL SECURITY NUMBER	
	*TYPE OF ENTITY <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Individual <input type="checkbox"/> State Employee <input type="checkbox"/> Other _____	
	DATE OF CHANGE	
REMIT TO NAME/ADDRESS IF DIFFERENT THAN ABOVE _____ _____ _____	PREVIOUS FEDERAL TAX ID NUMBER OR SOCIAL SECURITY NUMBER	
	PREVIOUS NAME	
	PREVIOUS ADDRESS	
PURCHASE ORDER NAME/ADDRESS IF DIFFERENT THAN ABOVE _____ _____ _____	COMMENTS	

TO BE COMPLETED BY FINANCIAL INSTITUTION		<input type="checkbox"/> I (We) hereby authorize the State of Missouri, to initiate credit entries to my (our) account at the depository financial institution named and to credit the same such account. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provision of U.S. law. This authorization is to remain in full force and effect until the State of Missouri, Office of Administration, has received written notification from me (us) of its termination in such time and in such manner as to afford the State of Missouri and the financial institution a reasonable opportunity to act on it. <input type="checkbox"/> I (We) hereby cancel my (our) ACH/EFT authorization.	
NAME/ADDRESS OF FINANCIAL INSTITUTION _____ _____			
DEPOSITOR ROUTING NUMBER			
DEPOSITOR ACCOUNT NUMBER			
NAME ON ACCOUNT			
TYPE OF ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS			
SIGNATURE OF REPRESENTATIVE OF FINANCIAL INSTITUTION			
PRINT NAME			
TITLE			
EMAIL ADDRESS			
TELEPHONE NUMBER	DATE	*TELEPHONE	*DATE

CERTIFICATION FOR INTERNAL REVENUE SERVICE (IRS)		<input type="checkbox"/> Exempt from Backup Withholding	
Under penalties of perjury, I certify that:			
I. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and			
II. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and			
III. I am a U.S. person (including a U.S. resident alien).			
Certification instructions. You must cross out item II above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For all real estate transactions, item II does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See W-9 Instructions on irs.gov website for more information.) The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.			
SIGNATURE			

VENDOR INPUT FORM INSTRUCTIONS

The purpose of this form is to add a vendor record or to make changes to a vendor record. A vendor is a person or business being paid by the State of Missouri.

THESE FIELDS ARE REQUIRED TO BE COMPLETED FOR ALL CIRCUMSTANCES. (SHADED FIELDS)

Enter NAME/ADDRESS AS SHOWN ON FEDERAL TAX RETURN.

Enter the FEDERAL TAX ID NUMBER OR SOCIAL SECURITY NUMBER that is used for income taxes for the name entered.

Check the correct TYPE OF ENTITY.

Signature is required at VENDOR SIGNATURE along with PRINT NAME, TITLE, TELEPHONE, and DATE.

CONDITIONAL FIELDS

If payments are to be sent to a different address, enter a REMIT TO NAME/ADDRESS.

If purchase orders are to be sent to a different address, enter a PURCHASE ORDER NAME/ADDRESS.

If you are making a change to your vendor record, fill out these additional fields:

DATE OF CHANGE is the effective date of the change in business structure/activity

PREVIOUS FEDERAL TAX ID NUMBER OR SOCIAL SECURITY NUMBER

PREVIOUS NAME

PREVIOUS ADDRESS

COMMENTS are for additional information that may be helpful including reason for the change.

TO SET UP OR TO CHANGE DIRECT DEPOSIT INFORMATION, FILL IN THE FOLLOWING, INCLUDING THE REQUIRED FIELDS FROM ABOVE.

NAME/ADDRESS OF FINANCIAL INSTITUTION where you want the money to be deposited. A representative from the financial institution must complete and sign this section.

Check appropriate box for electronic deposits.

If changing bank account information, fill in DATE OF CHANGE.

CERTIFICATION FOR INTERNAL REVENUE SERVICE (IRS)

This certifies that the Taxpayer Identification Number (TIN) on this form is the correct number and whether backup withholding applies.

Fax to (573) 526-9813 or mail to Office of Administration/Accounting, PO Box 809, Jefferson City, MO 65102.