



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

DAIRY GOATS

MARK APPROPRIATE DIVISION(S) 4-H FFA OPEN

ENTRY MUST BE RECEIVED BY JULY 1, 2015

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

Late fee will be enforced to all entries received after 7/1/15, and must be received by 7/31/15.

SOCIAL SECURITY NUMBER		FEDERAL ID NUMBER	
TITLE (CHECK ONE) <input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MISS <input type="checkbox"/> MS.			
EXHIBITOR'S NAME			
RANCH OR FARM NAME		PREMISE ID NUMBER	
ADDRESS			
CITY		STATE	ZIP CODE
COUNTY CODE	DAYTIME TELEPHONE	BIRTH DATE (YOUTH ONLY)	
*E-MAIL ADDRESS			
PLEASE STALL NEAR			
EXHIBITOR'S SIGNATURE			
Please accept these entries subject to the rules and regulations as carried in the 2015 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.			
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
4-H COUNTY OF MEMBERSHIP	FFA SCHOOL DISTRICT	FFA CHAPTER #	PRINT SIGNATURE NAME

ENTRIES	QTY		TOTAL
DAIRY GOATS (HEAD)		\$8.00	
LATE FEE (RECEIVED 7/2 - 7/31) PER HEAD		\$8.00	
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)			
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	

PAYMENT INFORMATION		
CREDIT CARD (CHECK ONE)		
<input type="checkbox"/> M/C <input type="checkbox"/> VISA <input type="checkbox"/> DISCOVER		
NUMBER	3 DIGIT SECURITY CODE	EXPIRATION DATE (MM/YY)

DAIRY GOATS

EXHIBITOR'S NAME				SOCIAL SECURITY NUMBER		FEDERAL ID NUMBER		
NAME OF ANIMAL			REG NUMBER		BRAND/TATTOO		SCRAPIE NUMBER	DOB
CLASS NUMBER(S)			BREED					
FFA	4-H	OPEN						
NAME OF ANIMAL			REG NUMBER		BRAND/TATTOO		SCRAPIE NUMBER	DOB
CLASS NUMBER(S)			BREED					
FFA	4-H	OPEN						
NAME OF ANIMAL			REG NUMBER		BRAND/TATTOO		SCRAPIE NUMBER	DOB
CLASS NUMBER(S)			BREED					
FFA	4-H	OPEN						
NAME OF ANIMAL			REG NUMBER		BRAND/TATTOO		SCRAPIE NUMBER	DOB
CLASS NUMBER(S)			BREED					
FFA	4-H	OPEN						
NAME OF ANIMAL			REG NUMBER		BRAND/TATTOO		SCRAPIE NUMBER	DOB
CLASS NUMBER(S)			BREED					
FFA	4-H	OPEN						



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	
NAME/ADDRESS OF 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.
DEPOSITOR ROUTING NUMBER	
DEPOSITOR ACCOUNT NUMBER	
NAME ON ACCOUNT	
TYPE OF ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	<input type="checkbox"/> I (We) hereby cancel my (our) ACH/EFT authorization.
SIGNATURE OF REPRESENTATIVE OF FINANCIAL INSTITUTION	*VENDOR SIGNATURE X
PRINT NAME	*PRINT NAME
TITLE	*TITLE
TELEPHONE NUMBER DATE	EMAIL ADDRESS
	*TELEPHONE *DATE

CERTIFICATION FOR INTERNAL REVENUE SERVICE (IRS) **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.