## 4-H AND FFA DOG SHOW



# MISSOURI STATE FAIR ENTRIES 2503 W. 16TH ST., SEDALIA, MO 65301 FAX: (660) 827-8169 EMAIL: ENTRIES@MDA.MO.GOV

Monday, August 11, 2025 Mathewson Exhibition Center ENTRY MUST BE RECEIVED BY JULY 7, 2025 AT 5:00 PM

SOCIAL SECURITY NUMBER	MEMBER'S 4-H AGE (AS OF JANUAR			JARY 1 OF CURRENT YEAR)		TITLE (CHECK ONE)						
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EXHIBITOR'S NAME				DATE OF BIRTH		MEMBERSH	IIP					
						☐ 4-H I	MEMBER ☐ FFA MEMBER					
ADDRESS				CITY				STATE	ZIP COD	 E		
COUNTY NAME	DAYTIME TE	ELEPHONE				*E-MAIL AD	DRESS					
EXHIBITOR'S SIGNATURE				DATE (MM/DD/YYYY)			VEARS	IN DOG CA	RE			
EXHIBITOTTO GIGNATOTIE				DATE (MM/DD/YYYY) YEARS IN DOG CARE								
Please accept these entries subject to the rules and regulations as connection with said entries are true. By signing this entry form, I ag												
connection with said entries are true. By signing this entry form, I agree to abide by the photograph release. *By providing your e-mail address you are giving MSF permission to send you information electronically.  MARK T-SHIRT SIZE												
☐ Youth 14-16 ☐ Adult Medium ☐ A	dult Large	$\square$ A	dult XL	. Adult XXI	L							
CLASS DOG'S NAME			IE IN C	1 100 10 14 15 16	OP 10							
NO. (INCLUDING ANY AKC TITLES)				CLASS 13, 14, 15, 16 OR 19 PHEIGHT AND/OR WIDTH)			BREED					
(NO. (NOLOBING YINT YING TITLES) (COM												
ENTRY FEE - \$4.00 PER CLASS				Number of cla	asses	entered		\$4.0	00			
ADMISSION SPECIALS (Check our website			•		tefair.c	com/gate	-admissio	n				
DISCOUNT ADMISSION (13 & OLDER) - L	MIT 40 TI	CKETS	PER E	XHIBITOR								
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### **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. 16<sup>th</sup> St. Sedalia, MO 65301

E-mail: entries@mda.mo.gov

Fax: (660) 827-8169 or (660) 827-8160

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

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

### SUPPLIER INPUT/ACH-EFT APPLICATION

Suppliers will need to visit www.MissouriBUYS.mo.gov to complete the Self-Service Registration.

#### \*Required Fields

<u> </u>								
*NAME	*AS SHOWN ON FEDERAL TAX RETURN	*FEIN *SS	SN					
*ADDRESS		*TAX ORGANIZATION T	YPE					
		INDIVIDUAL/SOLE F	PROPRIETORSHIP OR SIN	GIF-MEMBER II C				
*EMAIL			COMPANY – C CORPORA					
			COMPANY - PARTNERSH					
NAME	REMIT TO IF DIFFERENT THAN ABOVE							
ADDRESS			COMPANY – S CORPORA					
ADDRESS			AX EXEMPT/NON-PROFI					
EMAIL		OTHER: GOVERNM						
		BENEFIT CORPORA	TION (B CORP)	TRUST/ESTATE				
COMMENTS		C CORPORATION		FOREIGN				
		S CORPORATION		STATE EMPLOYEE				
		PARTNERSHIP						
DATE OF CHANGE								
PREVIOUS TAXPAYER ID			<u> </u>					
PREVIOUS NAME								
PREVIOUS ADDRESS								
HAVE YOU OR AN IMMEDIATE FAMILY	Y MEMBER EVER SERVED IN THE U.S. ARMEI	D FORCES?	YES	NO				
IF YES, WOULD YOU LIKE INFORMATION ABOUT MILITARY-RELATED SERVICES IN MISSOURI?  YES  NO								
,	WE SHARE YOUR CONTACT INFORMATION V							
	LE VETERANS BENEFITS AND SERVICES?		YES	NO				
GENERAL INFORMATION MAY ALSO BE FOUND ON THE MISSOURI VETERANS COMMISSION'S WERSITE.  TO BE COMPLETED BY FINANCIAL INSTITUTION								
NAME/ADDRESS OF FINANCIAL INSTITUTION								
DEPOSITOR ROUTING NUMBER								
DEPOSITOR ACCOUNT NUMBER								
NAME ON ACCOUNT								
TYPE OF ACCOUNT	CHECKING	SAVINGS						
SIGNATURE OF REPRESENTATIVE OF F	INANCIAL INSTITUTION							
PRINT NAME		TITLE						
TELEPHONE NUMBER		DATE						
	of Missouri, to initiate credit entries to my (ou he origination of ACH transactions to my (our) a		•					
This authorization is to remain in full	I force and effect until the State of Missouri, Of	ffice of Administration, has	received written notific	cation from me (us) of its termination				
	to afford the State of Missouri and the financia	ıl institution a reasonable o	pportunity to act on it.					
I (We) herby cancel my (our) ACH/EF	T authorization.							
*SUPPLIER SIGNATURE								
*PRINT SUPPLIER CONTACT NAME		*TITLE						
SUPPLIER CONTACT EMAIL ADDRESS	,							
*SUPPLIER CONTACT TELEPHONE NUM	MBER	*DATE						
CERTIFICATION FOR INTERNAL REVENU	` ,	Exempt fr	om Backup Withholdi	ng				
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