



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

**MARKET STEERS, MARKET HEIFERS, CROSSBRED  
HEIFERS & OPEN CARCASS STEERS**

**MARK APPROPRIATE DIVISION(S) ☐ 4-H ☐ FFA**

**ENTRY MUST BE RECEIVED BY JULY 7, 2025 AT 5:00 PM**

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 NAME	DAYTIME TELEPHONE	BIRTH DATE (YOUTH ONLY)	
*E-MAIL ADDRESS			
PLEASE STALL NEAR			
<p>We, the undersigned, have read and understand The Missouri State Fair General Rules and Regulations, 4-H/FFA Livestock Show Rules and Regulations, Sale of Champion Rules and regulations, specific and/or special division rules and regulations; Quality Assurance Certificate in accordance with the USDA Wholesome Meat Act and The National Code of Show Ring Ethics and agree to observe and abide by these rules. The aforementioned rules, regulations and code of ethics apply to every Exhibitor making entry in the Missouri State Fair. We certify the information on this entry is true to the best of our knowledge and entries will comply with all aforementioned rules and regulations in respect to Exhibitor's participation.</p> <p>By submitting an application for entry, Exhibitor agrees to comply with all the rules and regulations governing the Missouri State Fair as published in the Missouri State Fair Premium List. Further, these provisions include total ownership of the entry for the prescribed number of days, continuous possession and care (Junior Division) and provisions against unethical fitting, filling, and/or alteration of conformation and color of animal(s), meat tampering and illegal or non-approved use of drugs, medication and/or prohibited substance (criminal penalties for unethical fitting and alteration of livestock by tampering or sabotage or prohibited substances). By signing this entry form, I agree to the photograph release. By providing your e-mail address you are giving MSF permission to send you information electronically.</p>			
EXHIBITOR'S SIGNATURE		DATE	
PARENT OR GUARDIAN SIGNATURE (F OR M)		DATE	
I certify that this is the project of the Exhibitor (in good standing) and is eligible to be shown in accordance with the rules of this show, and that the animal(s) entered is/are owned and in the continuous possession of the participant.			
4-H ENTRIES MUST BE SIGNED BY THE EXTENSION AGENT AND FFA ENTRIES MUST BE SIGNED BY THE TEACHER OF AGRICULTURE.			
APPROVED BY		TELEPHONE	
4-H COUNTY OF MEMBERSHIP	FFA SCHOOL DISTRICT	FFA CHAPTER #	

ENTRIES	QTY		TOTAL
4-H/FFA CROSSBRED HEIFER		\$25.00/head	
4-H/FFA MARKET HEIFER		\$25.00/head	
4-H/FFA MARKET STEER		\$25.00/head	
OPEN CARCASS STEER		\$25.00	
<b>DISCOUNT ADMISSION (13 &amp; OLDER) - LIMIT 40 TICKETS PER EXHIBITOR</b>			
ADULT DAILY ADMISSION		\$8.00	
<b>EXHIBITOR VEHICLE PASSES (AVAILABLE ONLY WITH ENTRIES) Limit 2/11 day or 4/6 day passes</b>			
11 DAYS - VEHICLE (\$50.59 + \$4.41 SALES TAX) (LIMIT 2 OR)		\$55.00	
6 DAYS - VEHICLE (\$27.59 + \$2.41 SALES TAX) (LIMIT 4 OR)		\$30.00	
1 DAY - VEHICLE (\$4.60 + \$0.40 SALES TAX)		\$5.00	
PROCESSING FEE			\$2.00
<b>TOTAL AMOUNT DUE</b>			
<b>PAYMENT INFORMATION*</b>			
CREDIT CARD (CHECK ONE) <input type="checkbox"/> M/C <input type="checkbox"/> VISA <input type="checkbox"/> DISCOVER <input type="checkbox"/> AM EX			
NUMBER	SECURITY CODE	EXPIRATION DATE (MM/YY)	
SIGNATURE			
PRINT SIGNATURE NAME		ZIP CODE	

# MARKET STEERS, MARKET HEIFERS, CROSSBRED HEIFERS & OPEN CARCASS STEERS

EXHIBITOR'S NAME					SOCIAL SECURITY NUMBER		FEDERAL ID NUMBER	
NAME OF ANIMAL		BRAND/TATTOO	ID/EAR MARK NUMBER		DOB	SEX <input type="checkbox"/> 4-H/FFA STEER <input type="checkbox"/> 4-H/FFA MARKET HEIFER		
SECTION LETTER	CLASS	BREED				<input type="checkbox"/> OPEN STEER <input type="checkbox"/> 4-H/FFA CROSSBRED HEIFER		
NAME OF ANIMAL		BRAND/TATTOO	ID/EAR MARK NUMBER		DOB	SEX <input type="checkbox"/> 4-H/FFA STEER <input type="checkbox"/> 4-H/FFA MARKET HEIFER		
SECTION LETTER	CLASS	BREED				<input type="checkbox"/> OPEN STEER <input type="checkbox"/> 4-H/FFA CROSSBRED HEIFER		
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SECTION LETTER	CLASS	BREED				<input type="checkbox"/> OPEN STEER <input type="checkbox"/> 4-H/FFA CROSSBRED HEIFER		
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SECTION LETTER	CLASS	BREED				<input type="checkbox"/> OPEN STEER <input type="checkbox"/> 4-H/FFA CROSSBRED HEIFER		



## **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](mailto: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 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  
**SUPPLIER INPUT/ACH-EFT APPLICATION**

**State Fair 2025**

Suppliers will need to visit [www.MissouriBUYS.mo.gov](http://www.MissouriBUYS.mo.gov) to complete the Self-Service Registration.

**\*Required Fields**

*NAME	*AS SHOWN ON FEDERAL TAX RETURN	*FEIN	*SSN
*ADDRESS		<b>*TAX ORGANIZATION TYPE</b>  INDIVIDUAL/SOLE PROPRIETORSHIP OR SINGLE-MEMBER LLC LIMITED LIABILITY COMPANY – C CORPORATION LIMITED LIABILITY COMPANY - PARTNERSHIP LIMITED LIABILITY COMPANY – S CORPORATION OTHER: FEDERAL TAX EXEMPT/NON-PROFIT OTHER: GOVERNMENT ENTITY BENEFIT CORPORATION (B CORP) TRUST/ESTATE C CORPORATION FOREIGN S CORPORATION STATE EMPLOYEE PARTNERSHIP	
*EMAIL			
NAME	REMIT TO IF DIFFERENT THAN ABOVE		
ADDRESS			
EMAIL			
COMMENTS			
DATE OF CHANGE			
PREVIOUS TAXPAYER ID			
PREVIOUS NAME			
PREVIOUS ADDRESS			
HAVE YOU OR AN IMMEDIATE FAMILY MEMBER EVER SERVED IN THE U.S. ARMED FORCES?		YES	NO
IF YES, WOULD YOU LIKE INFORMATION ABOUT MILITARY-RELATED SERVICES IN MISSOURI?		YES	NO
IF YOU ANSWERED YES ABOVE, MAY WE SHARE YOUR CONTACT INFORMATION WITH THE MISSOURI VETERANS COMMISSION IN ORDER TO PROVIDE YOU WITH INFORMATION REGARDING AVAILABLE VETERANS BENEFITS AND SERVICES?		YES	NO
GENERAL INFORMATION MAY ALSO BE FOUND ON THE MISSOURI VETERANS COMMISSION'S WEBSITE.			
<b>TO BE COMPLETED BY FINANCIAL INSTITUTION</b>			
NAME/ADDRESS OF FINANCIAL INSTITUTION			
DEPOSITOR ROUTING NUMBER			
DEPOSITOR ACCOUNT NUMBER			
NAME ON ACCOUNT			
TYPE OF ACCOUNT		CHECKING	SAVINGS
SIGNATURE OF REPRESENTATIVE OF FINANCIAL INSTITUTION			
PRINT NAME		TITLE	
TELEPHONE NUMBER		DATE	
<p>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.</p> <p>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.</p> <p>I (We) hereby cancel my (our) ACH/EFT authorization.</p>			
*SUPPLIER SIGNATURE			
*PRINT SUPPLIER CONTACT NAME		*TITLE	
SUPPLIER CONTACT EMAIL ADDRESS			
*SUPPLIER CONTACT TELEPHONE NUMBER		*DATE	
<b>CERTIFICATION FOR INTERNAL REVENUE SERVICE (IRS)</b> 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), <b>and</b> II. I am not subject to backup withholding because: <b>(a)</b> I am exempt from backup withholding, or <b>(b)</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 <b>(c)</b> the IRS has notified me that I am no longer subject to backup withholding, <b>and</b> III. I am a U.S. person (including a U.S. resident alien). <b>Certification instructions.</b> 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 <a href="http://irs.gov">irs.gov</a> 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			