



MISSOURI STATE FAIR
CHAMPIONSHIP ENTRY

WEDNESDAY TRUCK & TRACTOR PULL

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.

| | | | | | |
|---|--|-------------------------------|-----------------|---|----------|
| CLASS NUMBER | | CLASS NAME | | OFFICE USE ONLY | |
| | | | | PULL RESULTS | |
| VEHICLE OWNER INFORMATION | | | | | |
| 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. | |
| OWNER'S NAME | | | *E-MAIL ADDRESS | | |
| | | | | | |
| ADDRESS | | CITY | | STATE | ZIP CODE |
| | | | | | |
| COUNTY NAME | | DAYTIME TELEPHONE | | | |
| | | | | | |
| VEHICLE DRIVER'S INFORMATION (IF DIFFERENT FROM OWNER) | | | | | |
| TITLE (CHECK ONE) | | DRIVER'S NAME | | | |
| <input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MISS <input type="checkbox"/> MS. | | | | | |
| *E-MAIL ADDRESS | | | | | |
| | | | | | |
| ADDRESS | | CITY | | STATE | ZIP CODE |
| | | | | | |
| COUNTY NAME | | DAYTIME TELEPHONE | | | |
| | | | | | |
| DRIVER'S OCCUPATION | | TRACTOR SERIAL NUMBER | | | |
| | | | | | |
| MAKE/MODEL | | YEAR TRACTOR WAS MANUFACTURED | | | |
| | | | | | |
| PARTICIPANT SIGNATURE | | | | | |
| | | | | | |
| Please accept these entries subject to the rules and regulations as carried in the 2025 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 photograph release. *By providing my e-mail address, I am giving MSF permission to send me information electronically. | | | | | |
| Make check payable to and mail entry to: Missouri Pulling Promotions, LLC 35123 S. Austin Rd. Archie, MO 64725 | | | | | |
| AMOUNT OF ENTRY FEE | | | | \$23.00 | |
| PROCESSING FEE | | | | \$2.00 | |
| TOTAL AMOUNT ENCLOSED | | | | \$25.00 | |



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

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 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 to complete the Self-Service Registration.

***Required Fields**

| | | | | |
|--|--|----------|---------|----------------------------------|
| *NAME | *AS SHOWN ON FEDERAL TAX RETURN | *FEIN | *SSN | |
| *ADDRESS | *TAX ORGANIZATION TYPE 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. | | | | |
| 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 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 | | |
| 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 | | | | |