



MISSOURI DEPARTMENT OF AGRICULTURE
MISSOURI STATE FAIR
CAMPGROUND EMERGENCY NOTIFICATION

NAME (LAST, FIRST)
ADDRESS (STREET, CITY, STATE, ZIP CODE)
CELL PHONE NUMBER
ARRIVAL DATE
DEPARTURE DATE
<i>**If departure date changes, please notify campground entrance booth.</i>
NAMES OF OTHERS IN YOUR PARTY

VEHICLE/RV DESCRIPTION (MAKE, MODEL)
YEAR
COLOR
LICENSE NUMBER
STATE

CAMP SITE LOCATION (LETTER & NUMBER COMBINATION ON ELECTRIC PEDESTAL)
<i>** If you move to another camp site please notify campground entrance booth.</i>
WINDSHIELD CAMPING PERMIT NUMBER

PLEASE RETURN THIS COMPLETED FORM TO THE CAMPGROUND ENTRANCE BOOTH UPON ARRIVAL OR AS SOON AS YOU HAVE SET UP AT YOUR CAMP SITE. THANK YOU AND ENJOY YOUR VISIT TO THE MISSOURI STATE FAIR.