



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

DAIRY GOATS

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

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

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.

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			
EXHIBITOR'S 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 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
		ZIP CODE	

ENTRIES	QTY		TOTAL
OPEN DAIRY GOATS PER HEAD		\$6.00	
4-H/FFA DAIRY GOATS PER HEAD		\$4.00	
Check our website for daily admission specials. www.mostatefair.com/gate-admission			
DISCOUNT ADMISSION (13 & OLDER) - LIMIT 40 TICKETS PER EXHIBITOR			
ADULT DAILY ADMISSION		\$8.00	
EXHIBITOR VEHICLE PASSES (AVAILABLE ONLY WITH ENTRIES)			
11 DAYS - VEHICLE (\$50.59 + \$4.41 SALES TAX)		\$55.00	
6 DAYS - VEHICLE (\$27.59 + \$2.41 SALES TAX)		\$30.00	
1 DAY - VEHICLE (\$4.60 + \$0.40 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 <input type="checkbox"/> AMEX			
NUMBER		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

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				