



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

# DRAFT PONY SHOW

ENTRY MUST BE RECEIVED BY **JULY 7, 2025 at 5:00PM.**  
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. SHOW DATES: AUGUST 14-16, 2025

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	
*E-MAIL ADDRESS			
PLEASE STALL NEAR			
EXHIBITOR'S SIGNATURE			
I WILL BE SHOWING HALTER ONLY AND WISH TO BE DISMISSED EARLY. <input type="checkbox"/> YES <input type="checkbox"/> NO			
<p>Please note: halter horses wishing to leave early will be stalled in the Pole Barn!</p> <p>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.</p>			
NAME OF HORSE		DATE OF BIRTH	COLOR
		SEX <input type="checkbox"/> MARE <input type="checkbox"/> FILLY <input type="checkbox"/> STALLION <input type="checkbox"/> GELDING	HEIGHT
REGISTRATION NUMBER	SIRE	OWNER NAME	RIDER/DRIVER/HANDLER NAME
GROUP OR HITCH CLASS	REGISTRATION NUMBER	ADDRESS	ADDRESS
CLASS NUMBER(S)	DAM	CITY	STATE
	REGISTRATION NUMBER	STATE	ZIP CODE
		CITY	STATE
		ZIP CODE	CITY
		CLASS NUMBER	RELATIONSHIP TO OWNER
			DOB

# DRAFT PONY SHOW

EXHIBITOR'S NAME					SOCIAL SECURITY NUMBER			FEDERAL ID NUMBER				
NAME OF HORSE			DATE OF BIRTH		COLOR		SEX <input type="checkbox"/> MARE <input type="checkbox"/> FILLY <input type="checkbox"/> STALLION <input type="checkbox"/> GELDING			HEIGHT		
REGISTRATION NUMBER		SIRE			OWNER NAME			RIDER/DRIVER/HANDLER NAME				
GROUP OR HITCH CLASS		REGISTRATION NUMBER			ADDRESS			ADDRESS				
CLASS NUMBER(S)		DAM			CITY		STATE	ZIP CODE	CITY		STATE	ZIP CODE
		REGISTRATION NUMBER						CLASS NUMBER	RELATIONSHIP TO OWNER		DOB	
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GROUP OR HITCH CLASS		REGISTRATION NUMBER			ADDRESS			ADDRESS				
CLASS NUMBER(S)		DAM			CITY		STATE	ZIP CODE	CITY		STATE	ZIP CODE
		REGISTRATION NUMBER						CLASS NUMBER	RELATIONSHIP TO OWNER		DOB	



## **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				