



MISSOURI DEPARTMENT OF AGRICULTURE  
MISSOURI STATE FAIR  
2503 W. 16TH ST., SEDALIA, MO 65301  
(660) 530-5600

# SHOW ME LEAD LINE EMCEE CARD

OFFICE USE ONLY

CONTESTANT NUMBER

CLASS

☐ 8-10  
☐ 23-39

☐ 11-13  
☐ 40 & OVER

☐ 14-16  
☐ PEEWEE

☐ 17-22

NAME

ADDRESS

CITY

STATE

ZIP

SPONSOR

BREED OF SHEEP

BRIEF BIOGRAPHY WRITTEN AS YOU WISH TO HAVE IT READ ALOUD (HOBBIES, SCHOOLING, SHEEP INTERESTS, AWARDS, FAMILY, ETC. LIMIT TO 75 WORDS)

USING COMPLETE SENTENCES, DESCRIBE YOUR ATTIRE AND ACCESSORIES. (LIMIT TO 75 WORDS)

Forms must be turned in by 10:00 a.m. on Sunday Aug. 10 at which time a drawing will be held for each class's line-up.

**Enter on the Sheep Entry Blank. Each exhibitor must complete a Vendor Input Form.**

Contact JoLynn Yates 573-248-7938 with questions. Entry fee is \$5.00 + \$2.00 processing fee, to be paid at time of entry.



## **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				