



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

FINE ARTS

MISSOURI TOP 50 COMPETITION

TOP 50
ENTRY MUST BE RECEIVED BY JUNE 30, 2025

33RD ANNUAL MISSOURI 50 JURIED EXHIBITION

CHECK LIST: <input type="checkbox"/> Entry Fee \$5.00 per piece, limit two pieces (plus processing fee) <input type="checkbox"/> 8x10 photo(s) of artwork with labels attached as per rules and regulations <input type="checkbox"/> Self-addressed and stamped #10 envelope enclosed <input type="checkbox"/> Entry form filled out completely and signed		ENTRY 1 TITLE		OFFICE USE ONLY <input type="checkbox"/> YES <input type="checkbox"/> NO	
		ENTRY 2 TITLE		<input type="checkbox"/> YES <input type="checkbox"/> NO	
SOCIAL SECURITY NUMBER		FEDERAL ID NUMBER		DATE OF BIRTH (MUST BE 18 YEARS OF AGE)	
TITLE (CHECK ONE) <input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MISS <input type="checkbox"/> MS.		EXHIBITOR'S NAME			
ADDRESS		CITY		STATE	ZIP CODE
COUNTY NAME		DAYTIME TELEPHONE			
*E-MAIL ADDRESS		PARTIALLY FUNDED BY MISSOURI ARTS COUNCIL			

ENTRY 1 YEAR PRODUCED:	SIZE			**You must indicate either sale price or check not for sale.	
TITLE:	HEIGHT	WIDTH	DEPTH	FOR SALE PRICE	NOT FOR SALE
MEDIA:					<input type="checkbox"/>
ENTRY 2 YEAR PRODUCED:	SIZE			**You must indicate either sale price or check not for sale.	
TITLE:	HEIGHT	WIDTH	DEPTH	FOR SALE PRICE	NOT FOR SALE
MEDIA:					<input type="checkbox"/>

ARTIST'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 photograph release. *By providing your e-mail address you are giving MSF and MAC permission to send you information electronically.

	QTY	TOTAL
Check our website for daily admission specials. www.mostatefair.com/gate-admission ENTRY FEE \$5.00		

DISCOUNT ADMISSION (13 & OLDER) – LIMIT 40 TICKETS PER EXHIBITOR			
	QTY.	PRICE	TOTAL
ADULT DAILY ADMISSION		\$8.00	
PROCESSING FEE			\$2.00
AMOUNT ENCLOSED			

PAYMENT INFORMATION*			
CREDIT CARD (CHECK ONE) <input type="checkbox"/> M/C <input type="checkbox"/> VISA <input type="checkbox"/> DISCOVER <input type="checkbox"/> AM EX	NUMBER	SECURITY CODE	EXPIRATION DATE (MM/YY)
SIGNATURE	PRINT SIGNATURE NAME		ZIP CODE

Work may be picked up between 6:00 p.m. and 8:00 p.m. Sunday, August 17, or 10 a.m. and 12 p.m. Monday, August 18.
**A 25% commission will be charged on each piece sold. Please price your pieces accordingly.



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				