



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

**MARK ONE OF THE FOLLOWING:**

- ☐ Draft Mules   ☐ Miniature Mules   ☐ Jacks & Jennies   ☐ Miniature Donkeys  
☐ Gaited Mules   ☐ Riding/Jumping Mules

# MULES

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) (MM/DD/YYYY)	
*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.			
NAME OF MULE			
CLASS NUMBER(S)		OWNER NAME	RIDER/DRIVER/HANDLER NAME
		ADDRESS	ADDRESS
		CITY	CITY
		STATE	STATE
		ZIP CODE	ZIP CODE
CLASS NUMBER(S)		OWNER NAME	RIDER/DRIVER/HANDLER NAME
		ADDRESS	ADDRESS
		CITY	CITY
		STATE	STATE
		ZIP CODE	ZIP CODE

<b>STALLS</b> MAY PUT 2 PER STALL		<b># OF STALLS</b>	<b># OF HEAD</b>		<b>TOTAL</b>
DRAFT MULES (\$18.40 + \$1.60 SALES TAX)				\$20.00/PER HEAD	
MINIATURE MULES (\$18.40 + \$1.60 SALES TAX)				\$20.00/PER HEAD	
MINI-DONKEYS (\$9.20 + \$.80 SALES TAX)				\$10.00/PER HEAD	
GAITED MULES (\$9.20 + \$.80 SALES TAX)				\$10.00/PER HEAD	
RIDING & JUMPING MULES (\$9.20 + \$.80 SALES TAX)				\$10.00/PER HEAD	
JACKS & JENNETS (\$9.20 + \$.80 SALES TAX)				\$10.00/PER HEAD	
Check our website for daily admission specials. <a href="http://www.mostatefair.com/gate-admission">www.mostatefair.com/gate-admission</a>					
<b>DISCOUNT ADMISSION (13 &amp; OLDER) - LIMIT 40 TICKETS PER EXHIBITOR</b>					
ADULT DAILY ADMISSION			\$8.00		
<b>EXHIBITOR VEHICLE PASSES (6 &amp; 11 DAYS AVAILABLE ONLY WITH ENTRIES)</b>					
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
<b>TOTAL AMOUNT DUE</b>					
<b>PAYMENT INFORMATION*</b>					
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	
SEX <input type="checkbox"/> Mare <input type="checkbox"/> Colt <input type="checkbox"/> Gelding <input type="checkbox"/> Jack <input type="checkbox"/> Jennet					

# MULES

EXHIBITOR'S NAME						SOCIAL SECURITY NUMBER			FEDERAL I.D. NUMBER			
NAME OF MULE						SEX <input type="checkbox"/> Mare <input type="checkbox"/> Colt <input type="checkbox"/> Gelding <input type="checkbox"/> Jack <input type="checkbox"/> Jennet						
CLASS NUMBER(S)						OWNER NAME			RIDER/DRIVER/HANDLER NAME			CLASS NO.
						ADDRESS			ADDRESS			
						CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE	
NAME OF MULE						SEX <input type="checkbox"/> Mare <input type="checkbox"/> Colt <input type="checkbox"/> Gelding <input type="checkbox"/> Jack <input type="checkbox"/> Jennet						
CLASS NUMBER(S)						OWNER NAME			RIDER/DRIVER/HANDLER NAME			CLASS NO.
						ADDRESS			ADDRESS			
						CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE	
NAME OF MULE						SEX <input type="checkbox"/> Mare <input type="checkbox"/> Colt <input type="checkbox"/> Gelding <input type="checkbox"/> Jack <input type="checkbox"/> Jennet						
CLASS NUMBER(S)						OWNER NAME			RIDER/DRIVER/HANDLER NAME			CLASS NO.
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NAME OF MULE						SEX <input type="checkbox"/> Mare <input type="checkbox"/> Colt <input type="checkbox"/> Gelding <input type="checkbox"/> Jack <input type="checkbox"/> Jennet						
CLASS NUMBER(S)						OWNER NAME			RIDER/DRIVER/HANDLER NAME			CLASS NO.
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						CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE	
NAME OF MULE						SEX <input type="checkbox"/> Mare <input type="checkbox"/> Colt <input type="checkbox"/> Gelding <input type="checkbox"/> Jack <input type="checkbox"/> Jennet						
CLASS NUMBER(S)						OWNER NAME			RIDER/DRIVER/HANDLER NAME			CLASS NO.
						ADDRESS			ADDRESS			
						CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE	



## **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> <b>Exempt from Backup Withholding</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			