



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

QUEEN CONTEST

POSTMARK BY JULY 15TH, 2025

SOCIAL SECURITY NUMBER				TITLE			
NAME				SPONSORING FAIR/ORGANIZATION			
ADDRESS		CITY		STATE		ZIP CODE	
COUNTY NAME	TELEPHONE	BIRTH DATE (MM/DD/YYYY)	US CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO		RESIDENT OF MISSOURI SINCE (YYYY)		
*E-MAIL ADDRESS							
PARENT'S NAME(S)			TELEPHONE				
PARENT'S ADDRESS		CITY		STATE		ZIP CODE	
HIGH SCHOOL			YEAR GRADUATED (YYYY)				
COLLEGE			YEARS ATTENDED				
DEGREE OR MAJOR							
ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF FFA OR 4-H? <input type="checkbox"/> YES <input type="checkbox"/> NO							
Check our website for daily admission specials. www.mostatefair.com/gate-admission							
DISCOUNT ADMISSION (13 & OLDER) – LIMIT 40 TICKETS PER EXHIBITOR							
			QTY.	PRICE	TOTAL		
ADULT DAILY ADMISSION				\$8.00			
					ENTRY FEE	\$50.00	
					PROCESSING FEE	\$2.00	
					TOTAL 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	
<p>I hereby acknowledge that I have read the rules and regulations of the Missouri State Fair Queen Contest, that I will comply with them in every way and that the personal data as herein set forth is correct. I understand that the Queen Superintendent has the right to disqualify me for failure to comply with the rules and regulations. I further understand that if I am a winner, use of the scholarship must begin within six months from the date of the award unless a reasonable extension is requested and granted by the Missouri State Fair. I agree that my picture and the facts contained on this entry form may be used to promote the queen contest and State Fair at the discretion of the Missouri State Fair. I understand that if I am chosen Missouri State Fair Queen, I will have an obligation to the Missouri Department of Agriculture to help promote the Missouri State Fair. *By providing your e-mail address you are giving MSF permission to send you information electronically.</p>							
CONTESTANT'S SIGNATURE (SIGN IN BLACK)			PARENT/GUARDIAN'S SIGNATURE (IF CONTESTANT UNDER 18)				



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			