MISSOURI STATE FAIR ENTRIES 2503 W. 16TH ST., SEDALIA, MO 65301 FAX: (660) 827-8169 EMAIL: ENTRIES@MDA.MO.GOV *"IN ACCORDANCE WITH MISSOURI STATE STATUTE, A CONVENIENCE FEE OF UP TO 2% PLUS 25¢ WILL BE ASSESSED TO THE CUSTOMER FOR ALL CREDIT CARD PAYMENTS."

RABBITS

| SOCIAL SECURITY NUMBER | | FEDERAL ID NUMBE | ER | | MARK APPROPRIATE DIVISION(S) | | FFA YOUTH | | | | | |
|--|-----------------------|----------------------|--|--------------------------|---|----------------|------------------|----------|--|--|--|--|
| | | | | | - | | TSHIRT SIZE | | | | | |
| | | | | ENTRIES QTY TO | | | | | | | | |
| RANCH OR FARM NAME PREMI | | | PREMISE ID | NUMBER | | | \$1.50 | | | | | |
| ADDRESS | | | | | OPEN OR YOUTH OPEN - SINGLES | | | | | | | |
| | | | STATE | ZIP CODE | OPEN OR YOUTH OPEN - FUR CLASS | | \$1.50 |) | | | | |
| СІТҮ | | | SIAIL | | OPEN OR YOUTH OPEN - MEAT PENS | | \$3.00 | 0 | | | | |
| COUNTY | DAYTIME TELEPHONE | | BIRTH DATE | (YOUTH ONLY) | | | | <u> </u> | | | | |
| *E-MAIL ADDRESS | | | | | 4-H/FFA - SINGLES | | \$1.00 | | | | | |
| | | | | | 4-H/FFA - FUR CLASS | \$1.00 | | | | | | |
| We, the undersigned, have read | and understand Th | ne Missouri State I | Fair Genera | I Rules and Regulations, | 4-H/FFA - MEAT PENS \$3.00 | | | | | | | |
| 4-H/FFA Livestock Show Rules and Regulations, Sale of Champion Rules and regulations, specific and/or special division rules and regulations; Quality Assurance Certificate in accordance with the USDA Wholesome Meat Act and The National Code of Show Ring Ethics and agree to observe and abide by these rules. The aforementioned rules, regulations and code of ethics apply to every Exhibitor making entry in the Missouri State Fair. We certify the information on this entry is true to the best of our knowledge and entries will comply with all aforementioned rules and regulations in respect to Exhibitor's participation. By submitting an application for entry, Exhibitor agrees to comply with all the rules and regulations governing the Missouri State Fair as published in the Missouri State Fair Premium List. Further, these provisions include total ownership of the entry for the prescribed number of days, continuous possession and care (Junior Division) and provisions against unethical fitting, filling, and/or alteration of conformation and color of animal(s), meat tampering and illegal or non-approved use of drugs, medication and/or prohibited substance (criminal penalties for unethical fitting and alteration of livestock by tampering or sabotage or prohibited substances). | | | | | CHECK OUR WEBSITE FOR DAILY ADMISSION SPECIALS. | | | | | | | |
| | | | | | DISCOUNT ADMISSION (13 & OLDER) - LIMIT 40 TICKETS PER EXHIBITOR | | | | | | | |
| | | | | | ADULT DAILY ADMISSION \$8.00 | | | | | | | |
| | | | | | EXHIBITOR VEHICLE PASSES (6 & 11 DAY AVAILABLE ONLY WITH ENTRIES) | | | | | | | |
| | | | | | 11 DAYS - VEHICLE (\$50.59 + \$4.41 SA | LES TAX) | \$55.00 |) | | | | |
| By signing this entry form, I agree to the photograph release. By providing your e-mail address you are giving MSF permission to send you information electronically. | | | 6 DAYS - VEHICLE (\$27.59 + \$2.41 SAL | \$30.00 | | | | | | | | |
| EXHIBITOR'S SIGNATURE | | | | DATE | 1 DAY - VEHICLE (\$4.60 + \$0.40 SALES | S TAX) | \$5.00 |) | | | | |
| PARENT OR GUARDIAN SIGNATURE (F OR M) DATE | | | | \$2.00 | | | | | | | | |
| I certify that this is the project of the Exhibitor (in good standing) and is eligible to be shown in accordance | | | | | TOTAL AMOUNT DUE | | | | | | | |
| with the rules of this show, and that the animal(s) entered is/are owned and in the continuous possession of the participant. | | | | PAYMENT INFORMATION* | | | | | | | | |
| | | | | | | | | | | | | |
| 4-H ENTRIES MUST BE SIGNED BY THE EXTENSION AGENT AND FFA ENTRIES MUST BE SIGNED BY THE TEACHER OF AGRICULTURE. | | | NUMBER | TION DATE (MM/YY) | | | | | | | | |
| APPROVED BY TELEPHONE | | SIGNATURE | | | | | | | | | | |
| 4-H COUNTY OF MEMBERSHIP | FFA SCHO | OL DISTRICT | | FFA CHAPTER # | PRINT SIGNATURE NAME ZIP | | ZIP COD | DE | | | | |
| MO 350-1382 (4-2025) NOTE: F | Babbit exhibitors mus | t have all class cha | nges/ear nun | hore to David Rugon, 201 | 39 Hwy PP California MO 65018 573-680-1488 rugo | hav@sockat nat | | | | | | |

Absolutely NO changes will be accepted after this date. Exhibitors must check-in at the Rabbit Office upon arrival to verify entries. Do not text changes.

RABBITS

| EXHIBITOR'S NAME | | | | | SOCIAL SECURITY NUMBER | | | | | | FEDERAL I.D. NUMBER | | | | | |
|------------------|------------|-----------------|---|---------------|------------------------|-------------|--|-----------------------|----|-----|---------------------|-----------|-------------|-----|--|--|
| | | | | | | | | | | | | | | | | |
| | | | | | (CHECK BOXES) SEX | | | AGE/CLASS (CHECK ONE) | | | | | | | | |
| | SEC | CLASS NUMBER | BREED AND VARIETY | EAR NUMBER | OPEN | (CHECK ONE) | | K ONE) DOE | SR | 6-8 | JR | PRE JR | MEAT PEN | FUR | | |
| 1 | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | | | | | |
| 16 | | | | | | | | | | | | | | | | |
| 17 | | | | | | | | | | | | | | | | |
| 18 | | | | | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | | | | | |
| 21 | | | | | | | | | | | | | | | | |
| 22 | | | | | | | | | | | | | | | | |
| 23 | | | | | | | | | | | | | | | | |
| 24 | | | | | | | | | | | | | | | | |
| 25 | 90 (4 0005 | | DTE: Babbit ovhibitors must have all class changes/ear numbers to David | | | | | | | | | | | | | |

MO 350-1382 (4-2025)

NOTE: Rabbit exhibitors must have all class changes/ear numbers to David Rugen, 29139 Hwy. PP, California, MO 65018, 573-680-1488, rugdav@socket.net by August 3, 2025. Absolutely NO changes will be accepted after this date. Exhibitors must check-in at the Rabbit Office upon arrival to verify entries. Do not text changes.



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 th 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

Suppliers will need to visit <u>www.MissouriBUYS.mo.gov</u> 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 | | | | | |
| *EMAIL | LIMITED LIABILITY COMPANY – C CORPORATION | | | | | |
| NAME REMIT TO IF DIFFERENT THAN ABOVE | LIMITED LIABILITY COMPANY - PARTNERSHIP | | | | | |
| | LIMITED LIABILITY COMPANY – S CORPORATION | | | | | |
| ADDRESS | OTHER: FEDERAL TAX EXEMPT/NON-PROFIT | | | | | |
| EMAIL | OTHER: GOVERNMENT ENTITY | | | | | |
| EMAIL | BENEFIT CORPORATION (B CORP) TRUST/ESTATE | | | | | |
| COMMENTS | C CORPORATION FOREIGN | | | | | |
| | S CORPORATION STATE EMPLOYEE | | | | | |
| | PARTNERSHIP | | | | | |
| DATE OF CHANGE | | | | | | |
| PREVIOUS TAXPAYER ID | | | | | | |
| PREVIOUS NAME | | | | | | |
| PREVIOUS ADDRESS | | | | | | |
| HAVE YOU OR AN IMMEDIATE FAMILY MEMBER EVER SERVED IN THE U.S. ARMEI | D 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 V INFORMATION REGARDING AVAILABLE VETERANS BENEFITS AND SERVICES? GENERAL INFORMATION MAY ALSO BE FOUND ON THE MISSOURI VETERANS COI | YES NO | | | | | |
| | 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 | | | | | |
| 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. | | | | | | |
| | ffice 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 financia | l institution a reasonable opportunity to act on it. | | | | | |
| I (We) herby cancel my (our) ACH/EFT authorization. *SUPPLIER SIGNATURE | | | | | | |
| *PRINT SUPPLIER CONTACT NAME | *TITLE | | | | | |
| SUPPLIER CONTACT MAINE SUPPLIER CONTACT EMAIL ADDRESS | | | | | | |
| *SUPPLIER CONTACT TELEPHONE NUMBER | *0.1TF | | | | | |
| | *DATE | | | | | |
| CERTIFICATION FOR INTERNAL REVENUE SERVICE (IRS) Under penalties of perjury, I certify that: | Exempt from Backup Withholding | | | | | |
| 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 | | | | | | |