



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

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)	
*E-MAIL ADDRESS			
PLEASE STALL NEAR			
<p>We, the undersigned, have read and understand The Missouri State Fair General Rules and Regulations, 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.</p> <p>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). 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.</p>			
EXHIBITOR'S SIGNATURE		DATE	
PARENT OR GUARDIAN SIGNATURE (F OR M)		DATE	
I certify that this is the project of the Exhibitor (in good standing) and is eligible to be shown in accordance with the rules of this show, and that the animal(s) entered is/are owned and in the continuous possession of the participant.			
4-H ENTRIES MUST BE SIGNED BY THE EXTENSION AGENT AND FFA ENTRIES MUST BE SIGNED BY THE TEACHER OF AGRICULTURE.			
APPROVED BY		TELEPHONE	
4-H COUNTY OF MEMBERSHIP	FFA SCHOOL DISTRICT	FFA CHAPTER #	

MARKET STEERS, MARKET HEIFERS, CROSSBRED HEIFERS & OPEN CARCASS STEERS

MARK APPROPRIATE DIVISION(S) ☐ 4-H ☐ FFA

ENTRY MUST BE RECEIVED BY JULY 8, 2024 AT 5:00 PM

ENTRIES	QTY		TOTAL
4-H/FFA CROSSBRED HEIFER (includes bedding)		\$25.00/head	
4-H/FFA MARKET HEIFER (includes bedding)		\$25.00/head	
4-H/FFA MARKET STEER (includes bedding)		\$25.00/head	
OPEN CARCASS STEER		\$25.00	
DISCOUNT ADMISSION (13 & OLDER) - LIMIT 40 TICKETS PER EXHIBITOR			
ADULT DAILY ADMISSION		\$8.00	
EXHIBITOR VEHICLE PASSES (AVAILABLE ONLY WITH ENTRIES) Limit 2/11 day or 4/6 day passes			
11 DAYS - VEHICLE (\$50.59 + \$4.41 SALES TAX) (LIMIT 2 OR)		\$55.00	
6 DAYS - VEHICLE (\$27.59 + \$2.41 SALES TAX) (LIMIT 4 OR)		\$30.00	
PROCESSING FEE			\$2.00
TOTAL AMOUNT DUE			
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	

**MARKET STEERS, MARKET HEIFERS,
CROSSBRED HEIFERS & OPEN CARCASS STEERS**

EXHIBITOR'S NAME					SOCIAL SECURITY NUMBER		FEDERAL ID NUMBER	
NAME OF ANIMAL		BRAND/TATTOO	ID/EAR MARK NUMBER		DOB	SEX <input type="checkbox"/> 4-H/FFA STEER <input type="checkbox"/> 4-H/FFA MARKET HEIFER		
SECTION LETTER	CLASS	BREED				<input type="checkbox"/> OPEN STEER <input type="checkbox"/> 4-H/FFA CROSSBRED HEIFER		
NAME OF ANIMAL		BRAND/TATTOO	ID/EAR MARK NUMBER		DOB	SEX <input type="checkbox"/> 4-H/FFA STEER <input type="checkbox"/> 4-H/FFA MARKET HEIFER		
SECTION LETTER	CLASS	BREED				<input type="checkbox"/> OPEN STEER <input type="checkbox"/> 4-H/FFA CROSSBRED HEIFER		
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SECTION LETTER	CLASS	BREED				<input type="checkbox"/> OPEN STEER <input type="checkbox"/> 4-H/FFA CROSSBRED HEIFER		



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

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
VENDOR INPUT/ACH-EFT APPLICATION

"STATE FAIR EXHIBITORS ONLY"

***REQUIRED FIELDS**

*NAME/ADDRESS AS SHOWN ON FEDERAL TAX RETURN 		*FEDERAL TAX ID NUMBER OR SOCIAL SECURITY NUMBER 	
		*TYPE OF ENTITY <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Individual <input type="checkbox"/> State Employee <input type="checkbox"/> Other _____	
		* NEW TO DOING BUSINESS WITH THE STATE OF MISSOURI? <input type="checkbox"/> YES <input type="checkbox"/> NO	
		* IF NO, UPDATING EXISTING INFORMATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	
		I HAVE RECEIVED A PAYMENT FROM THE STATE OF MISSOURI WITHIN THE LAST 22 MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
REMIT TO NAME/ADDRESS IF DIFFERENT THAN ABOVE 		DATE OF CHANGE 	
		PREVIOUS FEDERAL TAX ID NUMBER OR SOCIAL SECURITY NUMBER 	
		PREVIOUS NAME 	
		PREVIOUS ADDRESS 	
		HAVE YOU OR AN IMMEDIATE FAMILY MEMBER EVER SERVED IN THE U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO	
COMMENTS 		IF YES, WOULD YOU LIKE INFORMATION ABOUT MILITARY-RELATED SERVICES IN MISSOURI? <input type="checkbox"/> YES <input type="checkbox"/> NO	
		TO BE COMPLETED BY FINANCIAL INSTITUTION	
		NAME/ADDRESS OF FINANCIAL INSTITUTION 	
		DEPOSITOR ROUTING NUMBER 	
DEPOSITOR ACCOUNT NUMBER 		<input type="checkbox"/> 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. 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. <input type="checkbox"/> I (We) hereby cancel my (our) ACH/EFT authorization.	
NAME ON ACCOUNT 			
TYPE OF ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS			
SIGNATURE OF REPRESENTATIVE OF FINANCIAL INSTITUTION 			
PRINT NAME 		*VENDOR SIGNATURE X	
TITLE 		*PRINT NAME 	
TELEPHONE NUMBER 		*TITLE 	
DATE 		EMAIL ADDRESS 	
*TELEPHONE 		*DATE 	
CERTIFICATION FOR INTERNAL REVENUE SERVICE (IRS) 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 			

VENDOR INPUT FORM INSTRUCTIONS

The purpose of this form is to add a vendor record or to make changes to a vendor record. A vendor is a person or business being paid by the State of Missouri.

THESE FIELDS ARE REQUIRED TO BE COMPLETED FOR ALL CIRCUMSTANCES.

Enter NAME/ADDRESS AS SHOWN ON FEDERAL TAX RETURN.

Enter the FEDERAL TAX ID NUMBER OR SOCIAL SECURITY NUMBER that is used for income taxes for the name entered.

Check the correct TYPE OF ENTITY.

If you are new to doing business with the state, please check yes. If you've done business with the State of Missouri before, please check no.

If you checked no on the question above, are you updating existing information in our system? If you checked yes on the question above, please move to the next question.

Wet signature is required at VENDOR SIGNATURE along with PRINT NAME, TITLE, TELEPHONE, and DATE.

ADDITIONAL INFORMATION

If payments are to be sent to a different address, enter a REMIT TO NAME/ADDRESS.

If you are making a change to your vendor record, fill out these additional fields:

DATE OF CHANGE is the effective date of the change in business structure/activity

PREVIOUS FEDERAL TAX ID NUMBER OR SOCIAL SECURITY NUMBER

PREVIOUS NAME

PREVIOUS ADDRESS

COMMENTS are for additional information that may be helpful including reason for the change.

TO SET UP OR TO CHANGE DIRECT DEPOSIT INFORMATION, FILL IN THE FOLLOWING, INCLUDING THE REQUIRED FIELDS FROM ABOVE.

NAME/ADDRESS OF FINANCIAL INSTITUTION where you want the money to be deposited. A representative from the financial institution must complete and sign this section. This must be a wet signature.

Check appropriate box for electronic deposits.

If changing bank account information, fill in DATE OF CHANGE.

CERTIFICATION FOR INTERNAL REVENUE SERVICE (IRS)

This certifies that the Taxpayer Identification Number (TIN) on this form is the correct number and whether backup withholding applies.

Fax to (660) 827-8169 or mail to MISSOURI STATE FAIR ENTRIES, 2503 W. 16TH ST., SEDALIA, MO 65301