



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

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

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.

CONTESTANT'S SIGNATURE (SIGN IN BLACK)	PARENT/GUARDIAN'S SIGNATURE (IF CONTESTANT UNDER 18)
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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 _____	
REMIT TO NAME/ADDRESS IF DIFFERENT THAN ABOVE		* 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	
COMMENTS		I HAVE RECEIVED A PAYMENT FROM THE STATE OF MISSOURI WITHIN THE LAST 22 MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
_____ _____ _____		DATE OF CHANGE	
PREVIOUS NAME		PREVIOUS FEDERAL TAX ID NUMBER OR SOCIAL SECURITY NUMBER	
PREVIOUS ADDRESS		DATE OF CHANGE	
HAVE YOU OR AN IMMEDIATE FAMILY MEMBER EVER SERVED IN THE U.S. ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO		PREVIOUS FEDERAL TAX ID NUMBER OR SOCIAL SECURITY NUMBER	
IF YES, WOULD YOU LIKE INFORMATION ABOUT MILITARY-RELATED SERVICES IN MISSOURI? <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE OF CHANGE	
TO BE COMPLETED BY FINANCIAL INSTITUTION		<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.	
NAME/ADDRESS OF FINANCIAL INSTITUTION		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.	
DEPOSITOR ROUTING NUMBER		<input type="checkbox"/> I (We) hereby cancel my (our) ACH/EFT authorization.	
DEPOSITOR ACCOUNT NUMBER		*VENDOR SIGNATURE	
NAME ON ACCOUNT		X	
TYPE OF ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS		*PRINT NAME	
SIGNATURE OF REPRESENTATIVE OF FINANCIAL INSTITUTION		*TITLE	
PRINT NAME		EMAIL ADDRESS	
TITLE		*TELEPHONE	
TELEPHONE NUMBER	DATE	*TELEPHONE	*DATE
CERTIFICATION FOR INTERNAL REVENUE SERVICE (IRS) <input type="checkbox"/> 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			

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.

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