



KANSAS STATE FAIR
SEPTEMBER 9-18, 2011
AGRICULTURAL CHALLENGE OF CHAMPIONS
 Sponsored by: **KANSAS FAIRS AND FESTIVALS ASSOCIATION**
*Must be postmarked by **August 15***

Refunds issued for entries canceled by **August 25**. Tickets and parking are not refundable.

Mail form to: KANSAS STATE FAIR, Competitive Exhibits Department, 2000 N. Poplar, Hutchinson, KS 67502-5598, 620-669-3621

First Name: _____ Last Name: _____
 Address _____ City: _____
 State: _____ Zip: _____ County _____
 Telephone _____ Email Address: (Optional) _____

*** Each exhibitor must complete the request for Taxpayer Identification Number and Certification form to receive premiums earned.**

I hereby certify that the individual listed is eligible and will compete in accordance with the rules and regulations of the Kansas State Fair.

Signature _____ Date: _____
 (Exhibitor)

Signature _____ Date: _____
 (Parent or Legal Guardian)

Signature _____ Date: _____
 (4-H Agent or FFA Advisor)

Signature _____ Date: _____
 (County Fair Board Representative)

ADMISSION (one ticket required per person per day) Please note Monday is \$1.00 admission day or gate is free with Dillons Plus Shoppers Card.

Exhibitor Admission Tickets (By August 15) @ \$2.00 each (Ages 6-18 if exhibiting) ...\$ _____
 Adult Admission Tickets (By August 15) @ \$5.00 each\$ _____

TOTAL REMITTANCE In case of overpayment of fees, no refunds of \$5 or less will be issued.....\$ _____

Please send check or money order made out to the Kansas State Fair or fill out the credit card information below. **(Write exhibitor name in memo line of check)**

MasterCard ___ Visa ___ Discover ___ Exp. Date ___/___/___ Number ___ ___ ___ ___/___ ___ ___ ___/___ ___ ___ ___/___ ___ ___ ___
3 digit security code _____

Signature _____

Plan to park your vehicle in public parking lot A (North of State Fair Road). Contest will be held Sunday, September 11 at 2:00 pm, in the Encampment Building in the Kansas Fairs Association Hall.

TOTAL REMITTANCE (In case of overpayment of fees, no refunds of \$5 or less will be issued.).....\$ _____

(FAIR USE ONLY)			
Date Rec'd _____	Amount \$ _____	Youth Ticket Numbers: _____	
Check # _____	Receipt # CE- _____	Adult Ticket Numbers: _____	