

KANSAS STATE FAIR

SEPTEMBER 11 - 20, 2020



CHALLENGE OF CHAMPIONS

Entry Form - must be postmarked by August 25

Mail form to: Kansas State Fair Competitive Exhibits Department, 2000 N. Poplar, Hutchinson, KS 67502
(620) 669-3881, (620) 669-3621 or (620) 669-3600

***Required Fields**

*First Name: _____ *Last Name: _____ *Age _____

*Address: _____ *City _____ *State: _____ *Zip: _____

*Telephone _____ Social Security #: _____

Must be that of the exhibitor (cannot be parent / guardian)
--Required prior to releasing any premiums

E-mail Address: _____

*Exhibitor Signature _____ (Parent / guardian can sign for exhibitor if exhibitor is a minor)

The above signature verifies that you agree that all information provided is true and correct to your knowledge and you will abide with the terms as defined in the published General Rules and Department Rules

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)

Plan to park your vehicle in public parking lot A (North of State Fair Road). Contest will be held Sunday, September 13 at 2:00 pm, in the Encampment Building in the Kansas Fairs Association Hall.

Exhibitor tickets ordered on this form will be available for pickup at our Guest Service Booth located across from Gate #9 on Plum Street next to our Publicity Office. Gate Admission Tickets: One ticket required per person, per day. – LIMIT 6 PER EXHIBITOR

Exhibitor Admission Tickets *(for participants only)* (By Aug 15): x \$3.00 each \$ _____

Adult Admission Tickets (By Aug 15): x \$7.00 each \$ _____

No discounted gate tickets can be ordered after August 15th

****HANDLING FEE (REQUIRED)**\$ _____ 1.00 _____

TOTAL REMITTANCE (ALL FEES MUST BE PAID PRIOR TO AUGUST 25TH. NO REFUNDS AVAILABLE)..... \$ _____

Please send check or money order made out to the Kansas State Fair or fill out the credit card information below.

MasterCard ___ Visa ___ Discover ___ Exp. Date ___ / ___ / ___ Number ___ ___ ___ / ___ ___ ___ / ___ ___ ___

3 digit security code _____ **Cardholder's Name** _____ **Signature** _____

Cardholder's Address: _____ **City/State:** _____ **Zip** _____

(FAIR USE ONLY)

Date Rec'd _____ Amount \$ _____ Entered by : _____

Check # _____ Receipt # CE- _____ Date Entered: _____