

PREMIUM ADJUSTMENT REQUEST

EXHIBITOR INFORMATION

NAME _____

MAILING ADDRESS _____

EMAIL _____

PHONE _____

ENTRY INFORMATION - **The more information provided the better we will be able to assist you with your request**

Entry Tag Number/Ear Tag Number	Entry Tag Number/Ear Tag Number
Department	Department
Division	Division
Class Number	Class Number
Class Description	Class Description
PREMIUM RECEIVED	PREMIUM RECEIVED
REQUESTED PREMIUM	REQUESTED PREMIUM

Entry Tag Number/Ear Tag Number	Entry Tag Number/Ear Tag Number
Department	Department
Division	Division
Class Number	Class Number
Class Description	Class Description
PREMIUM RECEIVED	PREMIUM RECEIVED
REQUESTED PREMIUM	REQUESTED PREMIUM

Entry Tag Number/Ear Tag Number	Entry Tag Number/Ear Tag Number
Department	Department
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Class Number	Class Number
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PREMIUM RECEIVED	PREMIUM RECEIVED
REQUESTED PREMIUM	REQUESTED PREMIUM

Additional Information:

Email form to fairoffice@laramiecountyfair.com , fax to 307-634-4511 or drop off/mail to 3967 Archer Pkwy Cheyenne WY 82009. All emailed, faxed, dropped off and mailed requests must be submitted and/or post marked by October 15, 2019. Premium adjustment requests by phone will not be accepted.