



Directions: Please complete this form as soon as the information becomes available for the 2017 season. Return to the Fair Office no later than November 25, 2016. The sooner the better.

FAIR:

Fair Mailing Address:

Fair Office Phone Number:

() _____

Fair Office Fax Number:

() _____

Fair e-mail address:

Fair Website:

***Please note that on the reverse side of this form you will be asked to checkmark an individual as your fair’s primary contact. This primary contact person must provide all means of communication requested on this form. Contact information will be held confidential and will only be used for appropriate fair information purposes. Please note that your chosen primary contact individual will be responsible for communicating all information he/she receives from the Fair Office to the rest of your fair’s members.**

Directions: Please complete this form as soon as the information becomes available for the 2017 season. Return to the Fair Office no later than November 25, 2016. The sooner the better.

**Please check ONE of the boxes to indicate your fair's designated primary contact!!!*

PRESIDENT

Name: _____

E-mail: _____

Address:

Phone Number:

Home () _____

Cell () _____

VICE PRESIDENT

Name: _____

E-mail: _____

Address:

Phone Number:

Home () _____

Cell () _____

SECRETARY

Name: _____

E-mail: _____

Address:

Phone Number:

Home () _____

Cell () _____

TREASURER

Name: _____

E-mail: _____

Address:

Phone Number:

Home () _____

Cell () _____

Please see reverse side.