



**MISSOURI STATE FAIR
CHAMPIONSHIP ENTRY**

TRUCK AND TRACTOR PULL

WHEN THERE IS ONLY 1 EXHIBIT IN A CLASS, THE EXHIBITOR WILL RECEIVE HALF OF THE PREMIUM MONEY FOR THE PLACING AWARDED BY THE JUDGE.

AM CLASS NUMBER	CLASS NAME	OFFICE USE ONLY PULL RESULTS
PM CLASS NUMBER	CLASS NAME	

VEHICLE OWNER INFORMATION

SOCIAL SECURITY NUMBER	FEDERAL ID NUMBER	TITLE (CHECK ONE) <input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MISS <input type="checkbox"/> MS.	
OWNER'S NAME		*E-MAIL ADDRESS	
ADDRESS	CITY	STATE	ZIP CODE
COUNTY CODE	DAYTIME TELEPHONE		

VEHICLE DRIVER'S INFORMATION (IF DIFFERENT FROM OWNER)

TITLE (CHECK ONE) <input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MISS <input type="checkbox"/> MS.	DRIVER'S NAME		
*E-MAIL ADDRESS			
ADDRESS	CITY	STATE	ZIP CODE
COUNTY CODE	DAYTIME TELEPHONE		

VEHICLE NAME	
MAKE/MODEL	CUBIC INCH
ASSOCIATION NAME	
PARTICIPANT SIGNATURE	ASSOCIATION OFFICER SIGNATURE

Please accept these entries subject to the rules and regulations as carried in the 2011 Missouri State Fair online premium guide by which I agree to be governed, and I further declare that all statements made in connection with said entries are true. By signing this entry form, I agree to abide by the photograph release. *By providing my e-mail address, I am giving MSF permission to send me information electronically.

ALL PARTICIPANTS MUST ENTER WITH AN ASSOCIATION.

ENTRY FEE - \$10.00

NOTE: Separate entry form and \$10 entry fee per class must be in to your association by August 1, 2011. Each vehicle may only enter one class in qualifying round. No entries will be accepted after August 1, 2011.

PROCESSING FEE	\$2.00
TOTAL AMOUNT ENCLOSED	



STATE OF MISSOURI
OFFICE OF ADMINISTRATION
VENDOR INPUT/ACH-EFT APPLICATION

<p>*NAME/ADDRESS AS SHOWN ON FEDERAL TAX RETURN</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>*FEDERAL TAX ID NUMBER OR SOCIAL SECURITY NUMBER</p> <p>_____</p> <p>*TYPE OF ENTITY</p> <p><input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Individual <input type="checkbox"/> State Employee</p> <p><input type="checkbox"/> Other _____</p> <p>DATE OF CHANGE</p> <p>_____</p>
<p>REMIT TO NAME/ADDRESS IF DIFFERENT THAN ABOVE</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>PREVIOUS FEDERAL TAX ID NUMBER OR SOCIAL SECURITY NUMBER</p> <p>_____</p> <p>PREVIOUS NAME</p> <p>_____</p> <p>PREVIOUS ADDRESS</p> <p>_____</p> <p>COMMENTS</p> <p>_____</p>
<p>PURCHASE ORDER NAME/ADDRESS IF DIFFERENT THAN ABOVE</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p>
TO BE COMPLETED BY FINANCIAL INSTITUTION	
<p>NAME/ADDRESS OF FINANCIAL INSTITUTION</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><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.</p> <p>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.</p> <p><input type="checkbox"/> I (We) hereby cancel my (our) ACH/EFT authorization.</p>
<p>DEPOSITOR ROUTING NUMBER</p> <p>_____</p>	<p>*VENDOR SIGNATURE</p> <p>X</p>
<p>DEPOSITOR ACCOUNT NUMBER</p> <p>_____</p>	<p>*PRINT NAME</p> <p>_____</p>
<p>NAME ON ACCOUNT</p> <p>_____</p>	<p>*TITLE</p> <p>_____</p>
<p>TYPE OF ACCOUNT</p> <p><input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS</p>	<p>EMAIL ADDRESS</p> <p>_____</p>
<p>SIGNATURE OF REPRESENTATIVE OF FINANCIAL INSTITUTION</p> <p>_____</p>	<p>*TELEPHONE</p> <p>_____</p>
<p>PRINT NAME</p> <p>_____</p>	<p>*DATE</p> <p>_____</p>
<p>TITLE</p> <p>_____</p>	<p>_____</p>
<p>TELEPHONE NUMBER</p> <p>_____</p>	<p>_____</p>
<p>DATE</p> <p>_____</p>	<p>_____</p>
<p>CERTIFICATION FOR INTERNAL REVENUE SERVICE (IRS)</p> <p>Under penalties of perjury, I certify that:</p> <p>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</p> <p>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</p> <p>III. I am a U.S. person (including a U.S. resident alien).</p> <p>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.</p> <p>SIGNATURE</p> <p>_____</p>	

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. (SHADED FIELDS)

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.

Signature is required at VENDOR SIGNATURE along with PRINT NAME, TITLE, TELEPHONE, and DATE.

CONDITIONAL FIELDS

If payments are to be sent to a different address, enter a REMIT TO NAME/ADDRESS.

If purchase orders are to be sent to a different address, enter a PURCHASE ORDER 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.

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.

Fax to (573) 526-9813 or mail to Office of Administration/Accounting, PO Box 809, Jefferson City, MO 65102.