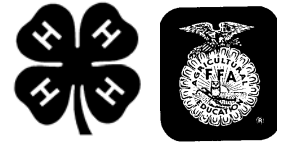




# MOHAVE COUNTY FAIR PASS REQUEST

**ONE REQUEST SHEET PER FAMILY**

**DUE: AUGUST 15, 2008**



**FAMILY NAME:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_

**PHONE NO.** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PASSES: EXHIBITORS FREE / AGES 4 & UNDER = FREE**  
**YOUTH \$1.00/DAY, ADULTS \$2.00/DAY**  
 (age 5-12) (age 13-over)

**NUMBER OF DAILY PASSES REQUESTED:** ADULT \_\_\_\_\_ YOUTH \_\_\_\_\_

PASSES ARE ONLY FOR FAIR EXHIBITORS, THEIR PARENTS, AND BROTHERS & SISTERS FROM AGE 5 TO 19 YEARS OLD

**NOTE:**

PLEASE RETURN THIS FORM AND YOUR MONEY To your 4-H Community Club Key Leader or FFA Advisor for signature by August 10, 2008.

LAST NAME	FIRST NAME	DATE OF BIRTH	CLUB OR CHAPTER	FAIR EXHIBIT AREA	YOUTH OR ADULT	# DAILY PASSES MAX. 4 / person	TOTAL \$
<i>Smith (example)</i>	<i>Smart</i>	<i>12/4/98</i>	<i>The Best Club</i>	<i>Swine, Rocketry</i>	Y	4	EXHIBITOR
<i>Smith (example)</i>	<i>Dad</i>	<i>12/8/55</i>	<i>N/A</i>	<i>N/A</i>	A	4	\$8.00
				<b>HANDLING FEE</b>			<b>\$1.00</b>

**LEADER/ ADVISOR/ INSTRUCTOR:** Sign after form is complete, review and sign under last entry. Return to Cooperative Extension Office.

**TOTAL \$** \_\_\_\_\_