

**2019 MEAL TICKET AND OVERNIGHTER/CHAPERONE FORM
FOR YOUTH AND ADULTS**

****Please complete a separate sheet for each individual in your family****

Please fill out and return the complete page -- Carefully read the preceding page about the expectations for 4-H Overnights/Chaperones at the Fair.

Name _____ Phone _____

Mailing Address _____ Town _____ Zip _____

4-H Club _____

Emergency contact during the fair: _____ Phone _____

Complete either YOUTH or ADULT information below.

<p>YOUTH (\$30 for meal ticket) _____ Date of Birth _____ Overnighter _____ Day only</p> <p>Check ALL that apply:</p> <p>____ Static Exhibitor _____ Livestock Exhibitor _____ Junior Fair Director</p> <p>____ 4-H Fair Worker (Help needed from ALL exhibitors - attach Fair Worker Sign-Up Chart)</p> <p>I hereby grant permission for my son/daughter to remain overnight at the Fair and give my consent for emergency medical treatment, if necessary. He/She has the following special medical condition (allergy, bee-sting allergic reaction, diabetes, etc.):</p> <p>_____</p> <p>He/she has required medication:</p> <p>_____</p> <p>Parent Signature Required for ALL Overnights under 18 Years of Age: _____</p> <p>This 4-H member is entering the 4-H Fair and will be one of the members responsible to me from Thursday, August 22, to Sunday, August 25, 2019.</p> <p>Club Leader Signature _____ Overnight Chaperone Signature _____</p>

<p>ADULT (\$43 for meal ticket & 3 day pass on or before Thurs., August 22, 2019; \$46 after Thurs.)</p> <p>Check one: _____ Night Chaperone _____ Day Chaperone</p> <p>Club Leader Signature _____</p>
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