

Distribution:

FAIRS, EXHIBITIONS AND RACING DIVISION

1 copy - Dept. of Agriculture

P.O. Box 30017, Lansing, Michigan 48909

1 copy - County Fair files

FAX (517) 241-4217

Confirmation of Fair Dates

(In accordance with Act 279, Public Acts 1995 as amended)

(County, District, Community and 4-H Fairs & Shows)

Organization Name	Fair Dates
Location of Event	Fair Telephone
Event web site	

Mailing List Up-Dates

Official Contact Person	Secondary Contact Person
All Department Mailings & Checks will be sent to this address	
Name Title	Name Title
Street or P.O. Box	Street or P.O. Box
City	City
State Zip Code	State Zip Code
Home Phone Bus. Phone	Home Phone Bus. Phone
FAX	FAX
E-mail Address	E-mail Address
If any info. about contact person changes, notify MDA in writing	

Officers

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="padding: 2px;">Manager</th> </tr> <tr> <td style="padding: 2px;">Name</td> </tr> <tr> <td style="padding: 2px;">Street or P.O. Box</td> </tr> <tr> <td style="padding: 2px;">City</td> </tr> <tr> <td style="padding: 2px;">State Zip Code</td> </tr> <tr> <td style="padding: 2px;">Home Phone Bus. Phone</td> </tr> <tr> <td style="padding: 2px;">FAX</td> </tr> <tr> <td style="padding: 2px;">E-mail Address</td> </tr> </table>	Manager	Name	Street or P.O. Box	City	State Zip Code	Home Phone Bus. Phone	FAX	E-mail Address	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="padding: 2px;">President</th> </tr> <tr> <td style="padding: 2px;">Name</td> </tr> <tr> <td style="padding: 2px;">Street or P.O. Box</td> </tr> <tr> <td style="padding: 2px;">City</td> </tr> <tr> <td style="padding: 2px;">State Zip Code</td> </tr> <tr> <td style="padding: 2px;">Home Phone Bus. Phone</td> </tr> <tr> <td style="padding: 2px;">FAX</td> </tr> <tr> <td style="padding: 2px;">E-mail Address</td> </tr> </table>	President	Name	Street or P.O. Box	City	State Zip Code	Home Phone Bus. Phone	FAX	E-mail Address
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I certify that all information reported is true and accurate. I will notify MDA in writing of any changes in this information.

President	Date	Secretary	Date
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