

Wisconsin State Fair Youth Organization Form

Name of Organization: _____

Adult Advisor / Contact person: _____

Address: _____

Phone or Email: _____

Approximate number of Members: _____

Eligibility Requirements for Membership:

2017 & 2018 Planned Program of Activities: (Activities/Educational Programs)

Number of Activities/Meetings Annually: _____

Mission Statement or copy of Goals/Objectives of Organization: (a copy of these must be on file with the Wisconsin State Fair and only need to be submitted when updated)

Please provide any additional supporting materials which document your organization's educational programs.

Mail to: Wisconsin State Fair
Agriculture Department
640 S. 84th St
West Allis, WI 53214

Due no later than January 16th, 2017