

**2023 IOWA STATE FAIR YOUTH INN  
FAMILY ROOM REQUEST FORM**

Youth - includes all 4-H and FFA exhibitors (regardless of age); Adult - ages 18 & over

**Check-in time is 2:00 p.m.- 6:00 p.m.**

**Reservations will be null if not checked in by 6:00 p.m. unless prior arrangements are made.**

Return to: Iowa State Fair, Youth Inn, PO Box 57130, Des Moines, IA 50317 or entryintern4@iowastatefair.org by August 1.

**Do not send payment with registration sheet. Payment is due upon arrival.**

**All occupants must be listed on this form.**

<i>Office Use:</i> Room Assignment

Number of bunks requested (2 or 3) \_\_\_\_\_ Number of Adults \_\_\_\_\_ Number of Youth \_\_\_\_\_  
Arrival \_\_\_\_\_ Departure \_\_\_\_\_ Cost is per night: \$75 (2 bunks) or \$100 (3 bunks)

**County Or Chapter** \_\_\_\_\_

Chaperone Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email Address \_\_\_\_\_

4-H       FFA       Open Class  
 Male       Female

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Emergency Contact Phone \_\_\_\_\_

4-H       FFA       Open Class  
 Male       Female

Activity (livestock, presentations, etc.) \_\_\_\_\_

Age if Youth \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Emergency Contact Phone \_\_\_\_\_

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 Male       Female

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4-H       FFA       Open Class  
 Male       Female

Activity (livestock, presentations, etc.) \_\_\_\_\_

Age if Youth \_\_\_\_\_

<i>Office Use:</i> Amount Paid \$ _____ Date ____/____/____ Received by _____
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