

# 2024 IOWA STATE FAIR YOUTH INN REGISTRATION 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.**

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

Chaperone Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

4-H    FFA    Open Class

Male    Female

Arrival \_\_\_\_\_ Departure \_\_\_\_\_

# Nights \_\_\_\_\_ @ \$20 - Adult  
@ \$15 - Youth   Total \_\_\_\_\_

4-H    FFA    Open Class

Male    Female

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

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@ \$15 - Youth   Total \_\_\_\_\_

*Office Use:*

Bed  
Assignment

*Office Use:* Amount Paid \$ \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Received by \_\_\_\_\_