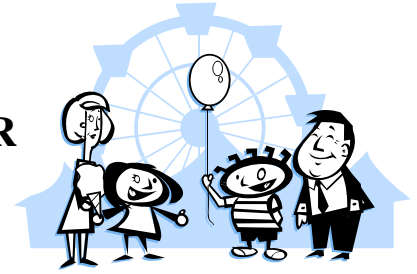


_____ Year

SCIOTO COUNTY FAIR OVERNIGHT APPLICATION



Permission for 4-H Member _____ or 4-H Volunteer/Parent _____ (Check only one)

NAME _____

ADDRESS _____

PHONE NO. _____

AGE _____

CLUB NAME _____

ADVISOR _____

I _____ hereby give permission for _____
Parent Name 4-H Member Name

to stay overnight at the Scioto County Fairgrounds during Fair week and agree to be responsible

for this individual and their actions. I hold no responsibility or liability for their welfare upon the

Scioto County Agriculture Society, 4-H Program or County of Scioto.

Parent/Guardian Signature

Date

Adult Staying at Fairgrounds Responsible for Above Individual _____

Please indicate requested nights of stay. Cards will be valid only for requested days.

____ Sunday ____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday ____ Saturday

Passes distributed **Sunday 1p.m. - 4p.m.** and **Monday thru Friday 9:30 a.m. - 4:00 p.m.** at the Fair 4-H Office.