

Association of Iowa Fairs – Member Fair Officer Form for _____(year)

--- Please PRINT Clearly ---

Fair Name:	
Fair City:	Fair Dates:
Secretary:	
Mailing Address:	
City:	State & Zip:
Home Phone:	Work Phone
Cell Phone	Fax:
E-mail:	
President:	
Mailing Address:	
City:	State & Zip:
Home Phone:	Work Phone
Cell Phone	Fax:
E-mail:	
Manager:	If applies. Enter "None" if your Fair does not have a manager.
Mailing Address:	
City:	
Home Phone:	
Cell Phone	
E-mail:	
Primary Contact:	Primary contact person for your Fair. If same as President or Secretary, note either "President" or "Secretary". If different person, fill out all areas.
Mailing Address:	
City, State & Zip:	
E-mail:	
Phone:	
Fair Website:	
Fair Office Phone during Fair week:	Other Fair E-mail Addresses:
Physical Address of Fairgrounds:	
Form completed by:	Date completed:
Send completed form to: Association of Iowa Fairs, 242 8 th Avenue West, Cresco IA 52136 or e-mail to: tsb@iowafairs.com	