

This Box is FOR OFFICE USE ONLY

Bunk # _____

___ Wed. ___ Thurs. ___ Fri. ___ Sat. ___ Sun. ___ Mon. ___ Tues. ___ Weds. ___ Thurs. ___ Fri. ___ Sat. ___ Sun.

Billing Group _____

Dorm Resident's Name(print) _____

I, the above named person, am a participant in events and/or activities at the New York State Fair and I certify that I am eligible to stay in the youth building dormitories. I agree to abide by the dormitory rules and regulations as outlined in the NYS Fair Youth Building Guide. **SIGNATURE:** _____

Home Address _____

Cell # (____) _____ **Certifying Adult** (i.e. Educator, Advisor, Coach) _____

(Signature)

If Dorm Resident is a Youth, please fill this section out by **printing** the following information:

Parent/Guardian's Name(s) _____

Home Phone # (____) _____ Cell # (____) _____ Work #(____) _____

Chaperone's Name _____ Cell # (____) _____ Dates Chaperoning _____

Chaperone's Name _____ Cell # (____) _____ Dates Chaperoning _____

If Dorm Resident is an adult, fill this section out by **printing** the following information:

In case of an emergency, please provide us with Secondary Contact Information

Person to contact _____

Home Phone #(____) _____ Cell # (____) _____

All Residents, Youth and Adults, check the **nights** that you will be residing in the Youth Dorm:

Wed	Thurs	Fri	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
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Affiliation: 4-H FFA Sports Group FIRST Robotics Other

Full Name of Resident's Group Affiliation (e.g. Tully FFA, Erie Co. 4-H, FIRST Robotics Team #):

Dorm Resident has a critical need for: Bottom Bunk Bed Other _____

Please check ✓ this box to indicate that the youth dorm resident has provided his/her Educator/Chaperone with a signed medical release.

Signature (parent / guardian) _____ Date _____