

**NEW YORK STATE FAIR YOUTH BUILDING DORMITORY CARD**

This is to certify that \_\_\_\_\_

(PRINT first and last name of youth or adult who will be residing in the dormitory)

is a participant in events and/or activities at the NYS Fair and is eligible to stay in the Youth Building Dormitory.

List NY State Fair event(s)/activity(s) participant is participating in: \_\_\_\_\_

I (participant signature here) \_\_\_\_\_ agree to abide by the dormitory rules and regulations as outlined in the NYS Fair Youth Building Guide.

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Check the actual nights and dates that you will be residing in the dormitory.

\_\_\_ Weds. \_\_\_ Thurs. \_\_\_ Fri. \_\_\_ Sat. \_\_\_ Sun. \_\_\_ Mon. \_\_\_ Tues. \_\_\_ Weds. \_\_\_ Thurs. \_\_\_ Fri. \_\_\_ Sat. \_\_\_

Participant is: (Check ✓ one)  YOUTH  ADULT County of residence \_\_\_\_\_

Please note NYS Fair Affiliation:  4-H  FFA  Sports Group  Other

Full Name of Participant's Group Affiliation (e.g. Smithville FFA / Upton County 4-H): \_\_\_\_\_

If an adult, check the role(s) that apply to you:  Chaperone  County Educator  Coach  Volunteer  Other

Dorm Resident has a critical need for (1) bottom bunk \_\_\_\_\_ or (2) Other \_\_\_\_\_

Certifying Adult (Educator, Advisor, Coach, etc.) \_\_\_\_\_  
(Signature) (Date)

Chaperone: \_\_\_\_\_  
(Signature) (Date)

**This box FOR OFFICE USE ONLY** \_\_\_\_\_ **Bunk #** \_\_\_\_\_

\_\_\_ Wed. \_\_\_ Thurs. \_\_\_ Fri. \_\_\_ Sat. \_\_\_ Sun. \_\_\_ Mon. \_\_\_ Tues. \_\_\_ Weds. \_\_\_ Thurs. \_\_\_ Fri. \_\_\_ Sat. \_\_\_ Sun.

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Side 2

(Print) Youth's Name \_\_\_\_\_

Youth Cell Phone Number (\_\_\_\_\_) \_\_\_\_\_

(Print) Chaperone's Name \_\_\_\_\_ Cell phone number (\_\_\_\_\_) \_\_\_\_\_

(Print) Parent/Guardian Names: \_\_\_\_\_

Home Phone Number (\_\_\_\_\_) \_\_\_\_\_ Work Number (\_\_\_\_\_) \_\_\_\_\_ Cell Phone #(\_\_\_\_\_) \_\_\_\_\_

Secondary Contact Information if parent/guardian cannot be reached **In Case of an Emergency:**

Name \_\_\_\_\_ Relationship to youth \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work # \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other \_\_\_\_\_

Check ✓ this box to indicate that you as the Parent/ Guardian have provided the above-designated Educator/Advisor/Coach with a signed medical release form for the youth listed on Side 1 of this card.

Signature (parent/guardian) \_\_\_\_\_ Date: \_\_\_\_\_