

ST. CROIX COUNTY FAIR

Participating Youth Organization Roster

Year: _____

Name of Organization

Adult Advisor/Contact Person

Phone Number

Email Address

Please print member name neatly or submit a typed list:

Grade as of Jan 1

DOB

1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____

Signature

Date

Additional copies of this form may be reproduced or printed from the website at stcroixcofair.com

Submit with Registration to St. Croix County Fair, stcroixcofair@gmail.com

Questions? Contact 715-749-3442 stcroixcofair@gmail.com stcroixcofair.com