

FAIR BOOK CHANGE REQUEST FORM

Changes will NOT be considered without this form !

One change request per form (*copy this form if needed*)

Please note reason for change.

Incomplete forms will result in no changes.

Year _____

Date Submitted _____

Project _____ Superintendent _____

Please **DELETE** the following class

Department _____

Section _____ Class _____ Page # _____

Please **ADD** the following class

Department _____

Section _____ Class _____ Page # _____

Please attach a highlighted copy of the page from the fair book you are asking to change

Reason for the change (*Please Print*)

Submitted by _____

(*Please Print*)

Phone # _____

Cell # _____

Copy submitted to the superintendent to review by : Fax _____, E-mail _____, Mail _____, In Person _____, By Phone _____

Date superintendent notified of proposed change : _____

Superintendent Signature _____

Phone # _____

Cell # _____

Mail to: Eaton County Fair Office

ATTN: Fair Book Committee

PO Box 38 -Charlotte, MI 48813

REQUEST MUST BE SUBMITTED TO THE COMMITTEE BY SEPTEMBER 1ST