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 : _____ (You must notify the Superintendent)

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