

**F. F. A.
NEW YORK STATE FAIR**

Agricultural Education

VOUCHER

Name of Activity _____

School _____

Chapter Number _____

PAY: _____

Advisor Name

Home Address

Home Phone Number

Team Members Information (Complete for each member) **Please Print**

Name	Age	Complete Home Address
1.		
2.		
3.		
4.		

Local Advisor _____ Cell Phone Number _____

School Address _____ Zip _____

THIS VOUCHER MUST BE COMPLETED FOR EACH TEAM OR PARTICIPANT.