

CORTLAND COUNTY JR. FAIR – OVERNIGHT STAY – DAIRY BARN

<input type="checkbox"/> DAIRY BARN	<input type="checkbox"/> WRIST BAND REQUIRED	# Nights Staying
YOUTH NAME: Address: Phone# _____ Cell# _____		<input type="checkbox"/> Monday
		<input type="checkbox"/> Tuesday
		<input type="checkbox"/> Wednesday
		<input type="checkbox"/> Thursday
		<input type="checkbox"/> Friday
		<input type="checkbox"/> Saturday
PARENT /GUARDIAN NAME: Address: Phone# _____ Cell# _____ <input type="checkbox"/> Background Check		<input type="checkbox"/> Monday
		<input type="checkbox"/> Tuesday
		<input type="checkbox"/> Wednesday
		<input type="checkbox"/> Thursday
		<input type="checkbox"/> Friday
		<input type="checkbox"/> Saturday
PARENT/GUARDIAN NAME: Address: Phone# _____ Cell# _____ <input type="checkbox"/> Background Check		<input type="checkbox"/> Monday
		<input type="checkbox"/> Tuesday
		<input type="checkbox"/> Wednesday
		<input type="checkbox"/> Thursday
		<input type="checkbox"/> Friday
		<input type="checkbox"/> Saturday
CHAPERONE NAME: Address: Phone# _____ Cell# _____ <input type="checkbox"/> Background Check		<input type="checkbox"/> Monday
		<input type="checkbox"/> Tuesday
		<input type="checkbox"/> Wednesday
		<input type="checkbox"/> Thursday
		<input type="checkbox"/> Friday
		<input type="checkbox"/> Saturday
CHAPERONE NAME: Address: Phone# _____ Cell# _____ <input type="checkbox"/> Background Check		<input type="checkbox"/> Monday
		<input type="checkbox"/> Tuesday
		<input type="checkbox"/> Wednesday
		<input type="checkbox"/> Thursday
		<input type="checkbox"/> Friday
		<input type="checkbox"/> Saturday
<u>Emergency Contact:</u>		
Name	Telephone:	
Address:		

OVERNIGHT POLICY

All individuals, families, or 4-H Clubs with a reason to stay overnight **MUST COMPLETE THE OVERNIGHT REQUEST FORM AND RETURN IT TO THE 4-H OFFICE - No requests will be granted after July 8, 2025.** **Names of chaperones and exhibitors staying overnight will be posted in advance by the staff member in charge.** ALL requests must have two signatures (the chaperone and the parent (or guardian)).

Parent Signature: _____ Date: _____

Chaperone Signature: _____ Date: _____

More information back of page:

**THERE WILL BE NO VEHICULAR TRAFFIC ALLOWED
ON THE FAIRGROUNDS AFTER 10PM**

PLEASE NOTE THAT THE BARN CLOSES AT 10:PM – LIGHTS OUT IN THE BARN.

1. This request is for (___) Individual or (____)a Family
Reason for Staying? _____

2. **Individual Requesting Permission must identify** a chaperone who is willing to stay with that individual for each night he/she is requesting permission. ****Signature of Chaperone** (if not parent – Must be at least 21 years of age) is required on front of this form.

3. If you will be a group list all chaperones (ratio of at least 1 chaperone per 5 youth)

If a group, list all chaperones (ratio of at least 1 chaperone per 5 youth)

****Each individual (not part of a family group)** must fill out a separate permission request and have it signed by a parent or guardian.

List all names:

**Only individuals who have been granted permission and who have a chaperone will be
allowed to stay on premises overnight. Barn closes at 10PM every night.
All youth must be properly chaperoned while on the grounds (day and night).**

**4-H YOUTH FAIR ASSUMES NO RESPONSIBILITY FOR
CHAPERONING YOUTH STAYING OVERNIGHT!**

REVISED 5/5/2025

Office Use Only:

Overnight Permission has been grant to: _____

On Nights checked on front page of form by 4-H Staff nightly until end of fair week.

Staff Signature: _____ **date:** _____