



# KENT COUNTY YOUTH FAIR

SINCE 1934

225 SOUTH HUDSON ST. LOWELL MI 49331 \* 616-897-6050 \* WWW.KCFG.ORG

Fair Exhibitors have various fees that are charged in order to participate at the Kent County Youth Fair. Fees will only be waived to the 2008 level for Entry Fees and camping. This does NOT include any fees charged by a specific department.

If your family has experienced a financial hardship this year, **please submit one of the following:**

- \_ Proof of free/reduced lunch eligibility from your school district and page one of this application,
- OR**
- \_ Completed pages one and two of this application

Parent or Guardian's Name: \_\_\_\_\_

FULL Address, including zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Name of children in household whose fees would be waived if this application is approved:

- |          |           |
|----------|-----------|
| 1. _____ | 6. _____  |
| 2. _____ | 7. _____  |
| 3. _____ | 8. _____  |
| 4. _____ | 9. _____  |
| 5. _____ | 10. _____ |

Name of primary club: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

How many people currently live in your household (adults and children included)? \_\_\_\_\_

What is the annual gross income (amount before taxes) of your household? \_\_\_\_\_

Are there any extenuating circumstances this Fair year that have made, or will make, paying for the additional entry fees or camping fee especially challenging? Please briefly describe.

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Additional Information / Comments:

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**All information given in this application will be kept strictly confidential and will only be used by the Kent County Youth Fair Board to award fee waivers.**

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Fee Waiver applications are due no later than May 31.

Please contact the Kent County Youth Fair office with questions at (616) 897-6050.

Application for Waiver should be mailed or delivered to:

Kent County Youth Fair

225 S. Hudson

Lowell, MI 49331

Thank you for completing the Kent County Youth Fair Fee Waiver Form!

To be completed by KCYF:

Date application received: \_\_\_\_\_ Approved \_\_\_\_\_ Declined \_\_\_\_\_

Date application reviewed: \_\_\_\_\_ If declined, reason: \_\_\_\_\_

Executive Board Member Initials: \_\_\_\_\_