



Superintendent Department Set up Form

Name: _____

Department: _____

Building/Barn: _____

Item	Style/Type	Quantity/Additional Information
Tables	6ft	
Chairs		
Cabinets		
	Tall	
	Low	
Pens		
Mangers		
Cages		
Sawdust		
Other:		

Please have these forms returned to the Fair Office asap.

Date setup needs to be complete: _____

If sawdust is required please provide detailed information on location, amount and the date it needs to be in place: _____

Please attach layout map if applicable and any additional requests.