| | Whatcom Co | - | | air 2025 Div <u>T<i>CLEARLY</i></u> | vision | Overview | 1 | | | |
|---|--|-------|------|---|-----------------------------------|----------|-----|-------|-------|---|
| Division: | | | | | | | | | | |
| Superintendent Name | (s): | | | | | | | | | |
| Number of Volunteers: This includes demonstrators, vets, superintendents | | | | Approximate Number of Volunteer Hours for this division: Include your hours to prepare the division | | | | | | |
| Number of Teen Leade | ers: | | | | | | | | | |
| Number of Exhibitors: | | | N | lumber of A | nimals: | | | | | |
| | | | N | lumber of St | till life P | rojects: | | | | |
| DIVISION STATISTICS | | | | | | | | | | _ |
| Total Spent on Division Awards: Total Number of Exhibitors: | | | | | Exhibitor Division premium amount | | | | | |
| Directions: Add all your prize receipts together to get a total number spent on awards, divide that number by the total number of exhibitors (excluding teen leaders unless they receive the same award) that will give you your division premium amount. NOT TO EXCEED YOUR ALLOTTED BUDGET. | | | | | | | | | | |
| Prizes Awarded: (what v | was given out) | | | | | | | | | |
| Approximate Ribbon Count | Rosettes Blu | | | | Red | | | White | | |
| Trophies Awarded | Awarded Number of trophies awarded Total Cost \$ | | | | | | | | | |
| EXHIBITOR PREMIUM | EXPENSES | | | | | | | | | |
| Business Name | Total Spent | Rece | ipt | Reason | | On Acct | Che | ck | Other | |
| | \$ | Yes o | r No | | | | | | | |
| | \$ | Yes o | r No | | | | | | | |
| | \$ | Yes o | r No | | | | | | | |

Yes or No

Yes or No

Yes or No

Yes or No

TOTAL PREMIUM COST \$

\$

\$

\$

TEEN LEADER PREMIUMS

| Teen Leader Name | Total Spent | Receipt | Reason | On Acct | Check | Division Award |
|------------------|-------------|-----------|--------|---------|-------|----------------|
| | \$ | Yes or No | | | | |
| | \$ | Yes or No | | | | |
| | \$ | Yes or No | | | | |
| | \$ | Yes or No | | | | |
| | \$ | Yes or No | | | | |
| | \$ | Yes or No | | | | |
| | \$ | Yes or No | | | | |

TOTAL COST TEEN LEADER PREMIUMS \$

DIVISION EXPENSES NON- PREMIUM (Example: Judges, division printing)

| Business or PERSON Name | Total Spent | Receipt | Reason | On Acct | Check | Other |
|-------------------------|-------------|-----------|--------|---------|-------|-------|
| | \$ | Yes or No | | | | |
| | \$ | Yes or No | | | | |
| | \$ | Yes or No | | | | |
| | \$ | Yes or No | | | | |
| | \$ | Yes or No | | | | |
| | \$ | Yes or No | | | | |
| | \$ | Yes or No | | | | |

TOTAL COST NON PREMIUM \$

| Total Cost of Premiums: | \$ |
|---|---------------------------------|
| Total Cost of Trophies: | \$ |
| Total Cost of Teen Leader Premiums: | \$ |
| Total Cost of Division Expenses (non-premium) | \$ |
| | OVERALL DIVISION GRAND TOTAL \$ |

Division Check Request Form

| Reason for Check | Please circle reason if for reimbursement receipt must be turned in prior to check being processed | | | | |
|--|--|--|--|--|--|
| Reimbursement Judge Teer | Leader To be Paid On WCYF Charge Acct Other: | | | | |
| Name of Recipient: | | | | | |
| Contact for recipient: (address if | we are mailing the check) | | | | |
| | | | | | |
| Amount \$ | | | | | |
| How are we processing the check Mailing Check or Giving Check to | ? Superintendent for reimbursement | | | | |
| Signature of Superintendent Requ | uesting X | | | | |
| | OFFICE USE ONLY | | | | |
| Check # | Check Amount \$ | | | | |
| Check Mailed Ch | neck given to Super Check given to recipient | | | | |
| OTHER NOTES: | | | | | |
| | | | | | |
| Reason for Check | Please circle reason if for reimbursement receipt must be turned in prior to check being processed | | | | |
| Reimbursement Judge Teer | Leader To be Paid On WCYF Charge Acct Other: | | | | |
| Name of Recipient: | | | | | |
| Contact for recipient: (address if | we are mailing the check) | | | | |
| | | | | | |
| | | | | | |
| Amount \$ | | | | | |
| How are we processing the check? Mailing Check or Giving Check to Superintendent for reimbursement | | | | | |
| Signature of Superintendent Requ | uesting X | | | | |
| | OFFICE USE ONLY | | | | |
| Check # | Check Amount \$ | | | | |
| Check Mailed Ch | neck given to Super Check given to recipient | | | | |
| OTHER NOTES: | | | | | |

| Signature of personal processing | request: | | | | |
|--|--|--|--|--|--|
| | | | | | |
| Division Check Request Form | 1 | | | | |
| Reason for Check | Please circle reason if for reimbursement receipt must be turned in prior to check being processed | | | | |
| Reimbursement Judge Teer | Leader To be Paid On WCYF Charge Acct Other: | | | | |
| Name of Recipient: | | | | | |
| Contact for recipient: (address if | we are mailing the check) | | | | |
| Amount \$ | | | | | |
| How are we processing the check Mailing Check or Giving Check to | ? Superintendent for reimbursement | | | | |
| Signature of Superintendent Requ | uesting X | | | | |
| | OFFICE USE ONLY | | | | |
| Check # | Check Amount \$ | | | | |
| Check Mailed Ch | neck given to Super Check given to recipient | | | | |
| OTHER NOTES: | | | | | |
| | | | | | |
| Reason for Check | Please circle reason if for reimbursement receipt must be turned in prior to check being processed | | | | |
| Reimbursement Judge Teen Leader To be Paid On WCYF Charge Acct Other: | | | | | |
| Name of Recipient: | | | | | |
| Contact for recipient: (address if we are mailing the check) | | | | | |
| Amount \$ | | | | | |
| How are we processing the check? Mailing Check or Giving Check to Superintendent for reimbursement | | | | | |
| Signature of Superintendent Requ | uesting X | | | | |
| | OFFICE USE ONLY | | | | |
| Check # | Check Amount \$ | | | | |
| Check Mailed Ch | neck given to Super Check given to recipient | | | | |

ı

| OTHER NOTES: | | | | | |
|--|--|--|--|--|--|
| Signature of personal prod | cessing request: | | | | |
| Division Check Reques | t Form | | | | |
| Reason for Chec | Please circle reason if for reimbursement receipt must be turned in prior to check being processed | | | | |
| Reimbursement Judge | e Teen Leader To be Paid On WCYF Charge Acct Other: | | | | |
| Name of Recipient: | | | | | |
| Contact for recipient: (add | ress if we are mailing the check) | | | | |
| Amount \$ | | | | | |
| How are we processing the Mailing Check or Giving C | e check? heck to Superintendent for reimbursement | | | | |
| Signature of Superintende | nt Requesting X | | | | |
| | OFFICE USE ONLY | | | | |
| Check # | Check Amount \$ | | | | |
| Check Mailed Check given to Super Check given to recipient | | | | | |
| OTHER NOTES: | | | | | |
| | ======================================= | | | | |
| Reason for Check | Please circle reason if for reimbursement receipt must be turned in prior to check being processed | | | | |
| Reimbursement Judge | e Teen Leader To be Paid On WCYF Charge Acct Other: | | | | |
| Name of Recipient: | | | | | |
| Contact for recipient: (add | ress if we are mailing the check) | | | | |
| Amount \$ | | | | | |
| How are we processing the check? Mailing Check or Giving Check to Superintendent for reimbursement | | | | | |
| Signature of Superintendent Requesting X | | | | | |
| | OFFICE USE ONLY | | | | |
| Check # | Check Amount \$ | | | | |
| Check Mailed | Check given to Super Check given to recipient | | | | |

| OTHER NOTES: | | | | | |
|--|--|--|--|--|--|
| Signature of personal prod | cessing request: | | | | |
| Division Check Reques | t Form | | | | |
| Reason for Chec | Please circle reason if for reimbursement receipt must be turned in prior to check being processed | | | | |
| Reimbursement Judge | e Teen Leader To be Paid On WCYF Charge Acct Other: | | | | |
| Name of Recipient: | | | | | |
| Contact for recipient: (add | ress if we are mailing the check) | | | | |
| Amount \$ | | | | | |
| How are we processing the Mailing Check or Giving C | e check? heck to Superintendent for reimbursement | | | | |
| Signature of Superintende | nt Requesting X | | | | |
| | OFFICE USE ONLY | | | | |
| Check # | Check Amount \$ | | | | |
| Check Mailed Check given to Super Check given to recipient | | | | | |
| OTHER NOTES: | | | | | |
| | ======================================= | | | | |
| Reason for Check | Please circle reason if for reimbursement receipt must be turned in prior to check being processed | | | | |
| Reimbursement Judge | e Teen Leader To be Paid On WCYF Charge Acct Other: | | | | |
| Name of Recipient: | | | | | |
| Contact for recipient: (add | ress if we are mailing the check) | | | | |
| Amount \$ | | | | | |
| How are we processing the check? Mailing Check or Giving Check to Superintendent for reimbursement | | | | | |
| Signature of Superintendent Requesting X | | | | | |
| | OFFICE USE ONLY | | | | |
| Check # | Check Amount \$ | | | | |
| Check Mailed | Check given to Super Check given to recipient | | | | |

| \cap | ГΗ | FI | 2 1 | NO | TES: | |
|------------------|----|----|-----|----|------|--|
| $\mathbf{\circ}$ | | _ | • | 10 | ıLU. | |

Signature of personal processing request:

Whatcom County Youth Fair Superintendents PRE- Youth Fair CHECK IN

Division:

Superintendent:

Questions to ask yourself as you prepare for WCYF

Have you reviewed your budget for your division?

Have you ordered prizes?

Have you ordered supplies?

Have you prepared educational materials and lessons?

Have you found helpers?

What is your division cap?

Have you found professionals in the area?

Have you made a schedule? Youth Fair is 10-4

Have you completed your WCYF Needs requests by the March Meeting?

Have you updated your contact information?

Have you emailed your exhibitors with division specific information?

The Superintendents Meeting is Thursday prior to the youth fair at 6PM . Please plan on attending

If you need help please call a board member or fair manager.

Please, call if you will be needing shavings, straw, or anything moved or ordered for you prior. Don't be afraid to ask questions. We are all a team and in this together.

Your division location is predetermined by the number of exhibitors in each area. We do our best to accommodate.

Whatcom County Youth Fair Superintendents Check-Out

ASK YOURSELF!!! Does the area look as good or better than when I arrived to set up?

| Division: | | |
|---|------------|---------------|
| Superintendent Name: | | |
| Did you complete your red book providing all check requests and receipts? | YES | NO |
| Did you turn in your RED book? | YES | NO |
| Did you turn in your badge? | YES | NO |
| Did you turn in the Yellow biosecurity bucket? (Animal divisions only) | YES | NO |
| Did you return all chairs to the bunks? | YES | NO |
| Did you wipe down all tables and return to table bunk? | YES | NO |
| Did you pick up all trash? Place trash in trash cans not in sawdust piles | YES | NO |
| Did you pitch stalls to bunkers? | YES | NO |
| Did you help with leaf blowing or sweeping your area (animals only) | YES | NO |
| Did you remove all signage from your area? | YES | NO |
| Did you clean up the floors and pick everything up that was left behind? | YES | NO |
| Did you return all borrowed WCYF equipment and office supplies to the office? | YES | NO |
| Did you place all trash cans to the NORTH side of your barn and area? | YES | NO |
| Did you collapse and stack any leftover cardboard and place it beside trash cans? | YES | NO |
| Did you return your WCYF totes and left over inventory to the WCYF Trailer? | YES | NO |
| Will you be willing to return to be the superintendent again next year? | YES NO MAY | BE LET'S TALK |

| Additional Comments: | | | | | |
|--|-------------------|---|--|--|--|
| We truly appreciate all you do for the youth and our community who benefit from the Whatcom County Youth Fair. All superintendents who complete this on time are eligible for a PRIZE DRAWING. | | | | | |
| Non division specific usiness or Person | Donation Donation | forms for WCYF general fund donations. Approximate Value | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Whatcom County Youth Fair Division Needs

| Division: | | | | | |
|------------------------------------|--|--|--|--|--|
| Name of Superintendent Requesting: | | | | | |
| # of exhibitors attendi | ng this year: | | | | |
| Items Needed: | How Many? | | | | |
| Bleachers | | | | | |
| Tables | | | | | |
| Chairs | | | | | |
| Dividers (Expo only) | Limited quantities available | | | | |
| Special Division Need | s or Requests: | | | | |
| Cages | Exact # needed | | | | |
| Stalls | | | | | |
| Bales of hay or straw | | | | | |
| Stall Cards | Circle one Make own or Have WCYF print # needed | | | | |
| Division Letters with envelopes | | | | | |
| Extra requests: | | | | | |

PLEASE NOTE:

These are the # of items you will be given or as close to as we can be. You should try to be as close to accurate as needed to not create extra last minute work or charges for the WCYF.

Each division will be required to put shavings in their own locations Thursday night and responsible for cleaning any stalls used.

| ** We will not be removing stalls i | in the light horse hai | rn for tack areas | storage or arenas i | without prior approval |
|--|------------------------|---------------------|----------------------|------------------------|
| and talking to Monica or Theresa. | All removal of stall | s will be your resp | onsibility to take d | own and put back up. |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |