

KANSAS GROUPS WITH SPECIAL NEEDS
2024 KANSAS STATE FAIR September 6 – 15, 2024

DEADLINE for Special Ticket Pricing: August 15, 2024

Name of Agency: _____
Agency Contact Person: _____
E-Mail Address: _____
Mailing Address: _____
City/State/Zip: _____
Phone: _____
Group Leader at Fair (Name): _____ Group Leader at Fair (cell phone) _____
Type of Agency: _____
Please complete.

Tickets are for use Tuesday through Friday.

Please Mail tickets _____ I will Print-at-Home _____ Will Call _____

Number of Individual Tickets: _____ @ \$3.00/each = \$ _____

Number of Complimentary Tickets: _____
One for every four tickets purchased - intended for use by sponsors / attendants / bus drivers.

Additional Adult / Sponsor Tickets: _____ @ \$7.00/each = \$ _____

Additional Senior (age 60+) / Sponsor Tickets: _____ @ \$4.00/each = \$ _____

Processing Fee \$ 10.00
The Kansas State Fair is not responsible for any lost or stolen tickets.
TOTAL \$ _____

If you want to order Nex-Tech Wireless Grandstand concert / event tickets, carnival tickets, etc., please see the 2023 Corporate Order Form. It can also be downloaded at <https://www.kansasstatefair.com/> and click on Plan Your Visit / Group Sales. The form can be submitted with your ticket order.

Payment can be made by check, Visa, MasterCard, Discover or American Express. Checks should be made payable to **Kansas State Fair**.

Name on Credit Card _____

ZIP for credit card (if different than above) _____

Credit Card Number: _____ / _____ / _____ / _____ CV2 Code _____ EXPIRATION _____

Signature: _____ Date: _____

Please return completed form by August 15, 2024, to: KANSAS STATE FAIR – Ticket Office
2000 N POPLAR ST
HUTCHINSON, KS 67502

For questions call 620-669-3618.

STATE FAIR OFFICE USE ONLY

of Group Participant \$3.00 tickets issued _____ Nos. _____ to _____
Complimentary tickets issued _____ Nos. _____ to _____
of additional Adult tickets issued _____ Nos. _____ to _____
of additional Senior tickets issued _____ Nos. _____ to _____

Date Received: _____ Check # _____ Amount \$ _____ Date Mailed: _____ By: _____