



**Approved Youth Organization Application Form**

Name of Youth Organization: \_\_\_\_\_

Adult Leader Contact (must be 21 years of age or older)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Number of Members in organization: Adult \_\_\_\_\_ Youth \_\_\_\_\_

Number of Members anticipated to exhibit at the upcoming Jefferson County Fair: \_\_\_\_\_

Is your organization a 501c3 non-profit? Yes No

If no, please describe your organization's status: \_\_\_\_\_

1. Please describe the mission, goals, or objectives of your organization:

---

---

---

2. Organizations Membership and/or Good Standings Requirements:

---

---

---

3. Planned Program of Activities/Educational Programs: (Proceed to back of page if necessary):

---

---

---

Applicant Signature: \_\_\_\_\_

---

---

Office Use Only: Approved \_\_\_\_\_ Denied \_\_\_\_\_ Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail to:**  
503 N Jackson Ave  
Jefferson, WI 53549