

MD Agricultural Fair Board After Activity Report

This form must be completed within 45 days of the event.

General Event Information

Name of Event Funded *

Date of Event's Beginning *

 / / 

MM DD YYYY

Date of Event's End *

 / / 

MM DD YYYY

Total Number in Attendance *

How is attendance information gathered? *

What do you attribute the rise or fall in attendance this year to? *

Do you pay premiums? *

☒ Yes

☐ No

Date Premiums Paid *

 / / 

MM DD YYYY

Total Premiums Paid *

Total Paid for Ribbons and Trophies *

Do you give out awards other than premiums, trophies or ribbons? *

☒ Yes☐ No

If you give out other awards please specify and give a total cost amount. If you do not then please enter N/A. *

Please upload the Premium Summary sheet. *

 No file chosen

Total number requested to be paid as part of your grant allocation. This will be the total of all Premiums, Trophies, Ribbons and other awards. *

Judges Fees Paid *

Did you list Maryland Agricultural Fair Board as a Sponsor on all event documents? If yes, please list in what way we were shown as a sponsor. *

Information of Individual Submitting Form

Name *

First

Last

Phone Number *

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Email *