These “Rules of Conduct” are for the Minnesota State Fair

Rules of Conduct Governing FFA Members, Minnesota State Fair

Each Exhibitor is required to submit this form at the time of registration (to receive t-shirt)

The exhibitor will:

1. Dress appropriately and neatly at all times.
2. Abstain from the use of alcoholic beverages or other chemical substances.
3. Abstain from smoking (including vaping) and the use of smokeless tobacco.
4. Abstain from gambling.
5. Agree not to engage in disruptive athletic activities or horseplay in public places.
6. Be in assigned dormitory before 11 p.m. unless excused by the Dormitory Superintendent.
7. Recognize the rights and comfort of others with respect to noise, language, and general conduct.
8. Accept the authority of the supervisors and group leaders, and keep them advised of my whereabouts at all times.
9. Maintain assigned pens/stalls and entries in a manner consistent with standards for this show.
10. Observe dormitory hours: Closed 9:00 a.m. - 12 noon/1:00 p.m. - 4:00 p.m. for cleaning.
11. Curfew is 11 p.m.
12. Dorm doors will be monitored from 11:00 p.m. to 6:00 a.m. prevent unauthorized access.
13. Anyone staying in the dorms must check in at FFA office for dorm assignment.

I have read the rules and understand them, and I will abide by them.

I will accept the authority of the supervisors and advisors in charge of the State Fair FFA Show.

I understand that any infraction of any of the above rules will be sufficient cause for my participation in subsequent shows to be denied and for me to be sent home at my parent’s/guardian’s expense.

FFA Member (Print Name) ________________________________ FFA Member (Signature) ________________________________

Parent/Guardian Cell Phone Number(s)

Advisor/Designated Chaperone (print name) __________________________________________________________
(Aluminum alloy)
(signature) ________________________________ Advisor/Designated Chaperone (print name) __________________________________________________________
(Aluminum alloy)
(signature) ________________________________ Advisor/Designated Chaperone cell phone number ________________________________