



Sauk County Agricultural Society, Inc.

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CARE TO SHARE FORM

This form has been designed to provide valuable input to the Sauk County Agricultural Society, Inc. Once completed, signed and submitted, this form will be distributed to the most appropriate individual or group to address the issue or concern. All sections (including your contact information) must be completed.

SECTION #1: Describe the facts of the current situation:

SECTION #2: Describe the circumstances or if applicable, the problem with current situation:

SECTION #3: Give your suggestions for a possible solution if one is needed. Commend or thank someone or a program / group:

Please Print: (must be completed for any action to be taken)

Name of person completing form: _____

Address of person completing form: _____

Phone number of person completing form: _____

Email of person completing form: _____

Signature: _____ Date: _____

Do you want a response to your form? _____ No _____ Yes

Please return your completed forms to the fair office or to the address above.