OPEN

USE SEPARATE ENTRY BLANK FOR EACH OWNER/PARTNERSHIP

Illinois State Fair OPEN AND LAND OF LINCOLN HEAVY HORSES

Return form and fees to:

ILLINOIS STATE FAIR COMPETITIVE EVENTS

P.O. BOX 19427

SPRINGFIELD, IL 62794-9427

PHONE: 217-782-0786

CONDITION OF ENTRY

ENTRY BLANK

Entries Must Be <u>Postmarked</u> by July 15
Late entries accepted until July 26 with an additional \$50 per head late fee

EXHIBITOR NAME (INDIVIDUAL/BUSINESS TO BE PAID)	Heavy Horseper head (\$30.00) Stall Feeper head (\$20.00)	By signing this form, I certify that I have read the contents of the Premium Book, including the section entitled Ethica Care and Exhibiting of Animals, and that I will abide by all applicable rules and guidelines contained therein, including specific rules relating to the administration of		
OWNER NAME(S)	Tack Stalleach (\$20.00)	drugs to animals, as well as all other rules relating to the Illinois State Fair and the laws and regulations of the State		
STREET	Office Feeper exhibitor (\$10.00)			
CITY STATE ZIP	Late Fee (if applicable)per head (\$50.00) Admission Book (age 13-59)each (\$45.00)	- Parent/Guardian Signature	Date	
TELEPHONE	Auto Stickereach (\$40.00)	Exhibitor's Signature	Date	
EMAIL	Load/Unload Passeach (\$10.00) TOTAL \$	Receipt #		
SOCIAL SECURITY OR FEIN # of INDIVIDUAL/BUSINESS TO BE PAID BIRTHDATE IF YOUTH (MM/DD/YYYY):	MAKE CHECKS PAYABLE TO: ILLINOIS STATE FAIR *USE SEPARATE CHECKS FOR EACH ENTRY BLANK NO REFUNDS	ID #		

DEPT.	No.	CLASS NUMBER		NAME OF ANIMAL	TATTOO NUMBER	BIRTH	NAME AND ADDRESS OF OWNER (As it appears on Registration Paper if different from Gum Label)	# of STALLS	# of TACK STALLS
		OPEN	LAND OF LINCOLN	NAME OF AMIMAL	TATTOO NUMBER	DIKIT	Registration Paper if university from Gum Laber)	NEEDED	NEEDED

ALL LIVESTOCK TRUCKS, TRAILERS, & GOOSE-NECKS WILL BE PARKED IN THE HALF MILE TRACK AND WILL BE SPRAYED BY A MOBILE UNIT.

Taxpayer Identification or Social Security Number. This information is used by Department to verify Exhibitor's identity and/or to submit payment to the Comptroller's Office. Exhibitor certifies that the number listed is Exhibitor's correct taxpayer identification or Social Security Number. IMPORTANT NOTICE: This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under 20 ILCS 210/1-13. Failure to provide this information shall prevent this form from being processed. This form has been approved by the State Forms Management Center in accordance with the Americans with Disabilities Act any attendee requiring a reasonable accommodation should notify us of their needs by August 1.