

ENTRY MUST BE VERIFIED BEFORE MAILING
 Exhibitor must have their FFA Advisory or 4-H Extension Unit Office representative verify their enrollment by signing below. By signing this form I verify the exhibitor is enrolled in the FFA or 4-H Program and the project area in which the exhibitor is submitting Illinois State Fair entries.

Illinois State Fair JUNIOR HORSE ENTRY BLANK

Entries Must Be **Postmarked** by June 15

RETURN FORM AND FEES TO:
 ILLINOIS STATE FAIR
 COMPETITIVE EVENTS
 P.O. BOX 19427
 Springfield, IL 62794-9427
 Phone: 217-782-0786

Signed _____ Date: _____
 FFA Advisor or Extension Representative
 Print Name _____ Phone _____

Birth Date: Mo. _____ Day _____ Year _____
 Name of Exhibitor _____
 Address, Street or RFD _____
 City or Town _____ Zip _____
 Telephone Number _____
 Email _____
 Social Security # (First Time State Fair Exhibitors ONLY) _____
 Name of FFA Chapter or 4-H Club _____
 Name of FFA Instructor or 4-H Leader _____
 County _____

_____ Horses.....per head (\$15.00) _____
 _____ OFFICE FEE.....per exhibitor (\$5.00) _____
MAKE CHECK PAYABLE TO:
ILLINOIS STATE FAIR
***USE SEPARATE CHECKS FOR**
EACH ENTRY BLANK
 TOTAL \$ _____ **NO REFUNDS**
 Receipt # _____
 ID # _____ Exhibitor # _____

CONDITION OF ENTRY
 By signing this form, I certify that I have read the contents of the Premium Book, including the section entitled **Ethical 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 drugs to animals, as well as all other rules relating to the Illinois State Fair and the laws and regulations of the State of Illinois.

 Parent/Guardian Signature Date

 Exhibitor's Signature Date

CLASS #	L of L CLASS #	CLASS DESCRIPTION	REGISTRY #	BIRTHDATE	SEX	ANIMAL'S REGISTERED NAME

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.