

**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 \_\_\_\_\_

**IMPORTANT: SEE JR. PREMIUM BOOK FOR LIST OF RULES**

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) _____	<b>MAKE CHECK PAYABLE TO:</b>
_____ OFFICE FEE.....per exhibitor (\$5.00) _____	<b>ILLINOIS STATE FAIR</b>
	<b>*USE SEPARATE CHECKS FOR EACH ENTRY BLANK</b>
TOTAL \$ _____	<b>NO REFUNDS</b>
Receipt # _____	

**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

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.