

USE SEPARATE ENTRY BLANK FOR EACH OWNER AND BREED

**Illinois State Fair
JUNIOR MEAT GOATS
ENTRY BLANK**

Entries Must Be **Postmarked** by July 1

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

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.

Signed _____ Date: _____
FFA Advisor or Extension Representative

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 _____

BREEDING ANIMALS ONLY

CHECK PAYABLE TO: ILLINOIS STATE FAIR
*USE SEPARATE CHECK FOR EACH ENTRY BLANK

NO REFUNDS

_____ Boer Goatsper head (\$5.00) _____

Receipt # _____

_____ Boer Goat Wethers...per head (\$5.00) _____

_____ Manure Fee.....per head (\$5.00) _____

ID # _____

_____ Admission Books (13-59) each (\$45.00) _____

Exhibitor # _____

_____ Auto Sticker.....each (\$40.00) _____

TOTAL \$ _____

_____ No. of Pens Required

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

BREED	JUNIOR CLASS #	LAND OF LINCOLN CLASS #	CLASS NAME	REGISTRATION &/OR TATTOO #	BIRTHDATE	ANIMAL 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.

