

**USE SEPARATE ENTRY BLANK  
FOR EACH OWNER**

**Illinois State Fair  
JUNIOR SWINE  
ENTRY BLANK**

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

PQA# (Premier Barrows only) \_\_\_\_\_

Entries Must Be **Postmarked** by July 1

**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

**BARROWS**  
(MAXIMUM OF 4 SHOWN)

**GILTS**  
(MAXIMUM OF 4 SHOWN)

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 \_\_\_\_\_

EAR NOTCH	BREED
1.	
2.	
3.	
4.	

EAR NOTCH	BREED
1.	
2.	
3.	
4.	

\_\_\_\_\_ Swine.....per head (\$10.00) \_\_\_\_\_

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

\_\_\_\_\_ Admission Books .....each (\$45.00) \_\_\_\_\_  
(ages 13-59)

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

TOTAL \$ \_\_\_\_\_

**MAKE CHECKS PAYABLE TO:  
ILLINOIS STATE FAIR**

**\*USE SEPARATE CHECKS FOR  
EACH ENTRY BLANK**

**NO REFUNDS**

Receipt # \_\_\_\_\_

ID # \_\_\_\_\_ Exhibitor # \_\_\_\_\_

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.

**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