NO REFUNDS
MAKE CHECKS PAYABLE TO:
ILLINOIS STATE FAIR

Receipt # _____

Exhibitor # _____

ID # _____

Illinois State Fair
GENERAL
FLORICULTURE
ENTRY BLANK
Rose Entries Close on AUGUST 9
Hosta Entries Close on AUGUST 9
All Other Entries Close on AUGUST 1

Mail entries to:
ILLINOIS STATE FAIR,
COMPETITIVE EVENTS
P.O. BOX 19427,
SPRINGFIELD, IL 62794-9427
PHONE: 217-782-0786

Exhibitor's Name_____

Birthdate if Junior Exhibitor: Mo _____ **Day** _____ **Year** _____

Address_____

City _____**State**_____ **Zip**_____

Telephone_____

Email_____

Social Security OR FEIN _____

**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.*

_____ **Floriculture**.....per class ($2.00) _____

_____ **Hosta Show**.....($4.00 per entry up to 4 entries) ($20.00 for 5 or more entries) _____

_____ **Gladiolus Show - over age 18**.....($25.00) _____

_____ **Gladiolus Show - age 18 and under**.....($10.00) *unlimited number of classes _____

_____ **Rose Show - over age 18**.....($25.00) _____

_____ **Rose Show - age 18 and under** .....($10.00) *unlimited number of classes _____

_____ ***OFFICE FEE** (per exhibitor, per department)....($3.00) _____

_____Admission Books.....each ($45.00) _____

_____Auto Sticker.....each ($40.00) _____

TOTAL $ _____

Department	Division	Class Number	Description Use the Wording of the Premium Book

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. **REV 12/19**

CONDITION OF ENTRY

By signing this form, I certify that I have read the contents of the Premium Book, and that I will abide by all applicable rules and guidelines contained therein, as well as all other rules relating to the Illinois State Fair and the laws and regulations of the State of Illinois.

_____

Exhibitor Signature Date

Illinois State Fair
GENERAL
ENTRY BLANK

SECOND PAGE

Department	Division	Class Number	Description Use the Wording of the Premium Book

Exhibitor's Name: _____

-For Office Use-

ID #: _____ Receipt #: _____ Exhibitor # _____