#### **NO REFUNDS**

Receipt # \_

### **Illinois State Fair GENERAL**

#### **ENTRY BLANK**

Mail entries to: ILLINOIS STATE FAIR, **COMPETITIVE EVENTS** P.O. BOX 19427,

#### **Use Separate Entry Blank for Each Department** See Premium Book for Entry Closing Date of Each Department ID#

SPRINGFIELD, IL 62794-9427 PHONE: 217-782-0786

Exhibitor's Name	Department	Division	Class Number	Description Use the Wording of the Premium Book
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.				
Culinary Adult\$2.00 per exhibit				
17 years and under\$1.00 per exhibit				
Textiles Adult\$2.00 per exhibit				
17 years and under\$1.00 per exhibit				
Hobbies Adult\$2.00 per exhibit				
17 years and under\$1.00 per exhibit				
Bee Culture (Open Classes)\$2.00 per exhibit				
Amateur Art Adult\$5.00 per exhibit				
17 years and under\$1.00 per exhibit				
Dairy Products\$7.00 per exhibit				
Ag Products\$2.00 per exhibit				
*OFFICE FEE\$3.00 per exhibitor per department				
Admission Books (13-59)each (\$45.00)				
Auto Stickereach (\$40.00)				
TOTAL \$				

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 Books, 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	Use	Description the Wording of the Premium Book		
Exhibitor's Name:						
-For Office Use-						
ID #:		Receipt #:		Exhibitor #		