

# OPEN

USE SEPARATE ENTRY BLANK FOR EACH OWNER/PARTNERSHIP

## Illinois State Fair OPEN AND LAND OF LINCOLN HEAVY HORSES ENTRY BLANK

Return form and fees to:  
ILLINOIS STATE FAIR  
COMPETITIVE EVENTS  
P.O. BOX 19427  
SPRINGFIELD, IL 62794-9427  
PHONE: 217-782-0786

Entries Must Be **Postmarked** by July 15

*Late entries accepted until July 26 with an additional \$50 per head late fee*

EXHIBITOR NAME (INDIVIDUAL/BUSINESS TO BE PAID)		
OWNER NAME(S)		
STREET		
CITY	STATE	ZIP
TELEPHONE		
EMAIL		
SOCIAL SECURITY OR FEIN # of INDIVIDUAL/BUSINESS TO BE PAID		
BIRTHDATE IF YOUTH: _____		
MONTH	DAY	YEAR

_____ Heavy Horse.....per head (\$30.00) _____
_____ Stall Fee.....per head (\$20.00) _____
_____ Tack Stall.....each (\$20.00) _____
_____ Office Fee.....per exhibitor (\$10.00) _____
_____ Late Fee (if applicable).....per head (\$50.00) _____
_____ Admission Book (age 13-59)....each (\$45.00) _____
_____ Auto Sticker.....each (\$40.00) _____
_____ Load/Unload Pass.....each (\$10.00) _____
TOTAL \$ _____
<b>MAKE CHECKS PAYABLE TO: ILLINOIS STATE FAIR</b> <i>*USE SEPARATE CHECKS FOR EACH ENTRY BLANK</i>
<b>NO REFUNDS</b>

**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

Receipt # _____
ID # _____
Exhibitor # _____

DEPT.	DIVISION No.	CLASS NUMBER		NAME OF ANIMAL	REGISTRATION AND/OR TATTOO NUMBER	DATE OF BIRTH	NAME AND ADDRESS OF OWNER (As it appears on Registration Paper if different from Gum Label)	# of STALLS NEEDED	# of TACK STALLS NEEDED
		OPEN	LAND OF LINCOLN						

**ALL LIVESTOCK TRUCKS, TRAILERS, & GOOSE-NECKS WILL BE PARKED IN THE HALF MILE TRACK AND WILL BE SPRAYED BY A MOBILE UNIT.**

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.