2024 ILLINOIS STATE FAIR Special Events Entry Form

Contest		Date of Event	
Name of Contestant		Age	
Address		City/Zip	
Telephone (Area code)		Email:	
Emergency Contact	Name & Phone Number/		
Please list all Class	es that you will be entering, by providing Class Events Premium Book. Attach additional		
Class Number	Class Desc	Class Description	
this contract hereby employees from any or death of the Part damage to any of the hereby agree to indeany liability to third	edged by the parties hereto that Participant at agree to indemnify and hold harmless the liability for injuries to the person, whether for bicipant or persons performing pursuant to their property. The Participant and all persons emnify and hold harmless the Department, its parties arising out of the performance of the bilities Act, any attendee requiring a reasonable 1st.	Department, its agents, officers and codily injury, sickness, mental anguish his contract and as to claims for any as performing pursuant to this contract agents, officers and employees from his contract. In accordance with the	
that I will abide by a	s form, I certify that I have received and read to applicable rules contained therein, and all contained therein, and all control are gulations of the State of Illinois.		
	Signature		
IMPORTANT NOTICE: This	state agency is requesting disclosure of information that is nece	essary to accomplish the statutory purpose as outlined under	

20 ILCS 210 and 30 ILCS 120. Failure to provide this information shall prevent this form from being processed. This form has been approved by the

Submit to:

Illinois State Fair Special Events Office P.O. Box 19427 Springfield, Illinois 62794-9427

State Forms Management Center. IL 406-0876 (Rev. 6-04)

Or Email the completed form to: ISF.SpecialEvents@Illinois.gov