

SWINE ENTRIES - MUST BE RECEIVED BY: 10:00 AM ON SUNDAY, JUNE 11, 2017

Fair Office (217) 875-0135
 Fax: 217.877.6050

Send This Statement of Entries to:

Macon County Fair Association

PO Box 3305, Decatur, IL 62524

Additional Entry Forms

can be found at

www.maconcountyfair.com

EXHIBITOR'S NAME: _____ SOCIAL SECURITY NUMBER* _____

ADDRESS: _____ DATE OF BIRTH: MONTH/DAY/YEAR: ____/____/____

CITY, STATE, ZIP: _____ GENDER: MALE FEMALE

PHONE (____) _____

For office use only: Exhibitor #

EMAIL ADDRESS: _____

***State of Illinois requires a Social Security Number for all Exhibitors.**

Number of Head	Jackpot Show Per Entry Fee	Exhibitor Fee	Stall/Pen Fees
G Swine/Barrows	_____ at \$20.00 = _____	\$5.00	_____ at \$3.00/ pen = _____
	TOTAL: \$ _____	TOTAL: \$ _____	TOTAL: \$ _____

	Section	Premium #	Description
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
Total Enclosed:			

Exhibitor's Signature: _____ Date: _____

Must be signed - Certifies information has been reviewed and is correct.

Please write plainly and give all information.
 All fees MUST accompany entry form.
NO REFUNDS!

For Office Use Only	
<u>Entry Rec'd by:</u>	<u>Paid by:</u>
<input type="checkbox"/> Mail	Cash Amt. _____
<input type="checkbox"/> Fax	Check # _____ Amt: _____
<input type="checkbox"/> In-Person	Name on check: _____