

**SWINE ENTRIES - MUST BE RECEIVED BY: 8:00 AM ON SUNDAY, JUNE 9, 2019**

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
<b>G Swine/Barrows</b>	_____ 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: _____