

**SWINE ENTRIES – MUST BE RECEIVED BY: 8:00 AM ON SUNDAY, JUNE 5, 2022**

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: \_\_\_\_\_

DATE OF BIRTH: MONTH/DAY/YEAR \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

ADDRESS: \_\_\_\_\_

GENDER: MALE FEMALE

CITY, STATE, ZIP: \_\_\_\_\_

PHONE (\_\_\_\_\_) \_\_\_\_\_

For office use only: Exhibitor #

EMAIL ADDRESS: \_\_\_\_\_

Number of Head	Jackpot Show Per Entry Fee	
_____ Gilts/Barrows	_____ at \$20.00 = _____	_____ at \$25.00 = _____
	Pre-Entry Fee	Day Of Show
	TOTAL: _____ \$ _____	TOTAL: _____ \$ _____

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

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: _____
	_____