

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 (_____) _____

EMAIL ADDRESS: _____

For office use only: Exhibitor #

Market Goats Number of Head	Jr. Jackpot Show	
	Pre-Entry Fee Due by June 1, 2023 - \$20 each	Show Day Entry Fee June 8, 2023 - \$30 each
_____ Does	_____ at \$20.00 = _____	_____ at \$30.00 = _____
_____ Wethers	_____ at \$20.00 = _____	_____ at \$30.00 = _____
_____ Commercial Does	_____ at \$20.00 = _____	_____ at \$30.00 = _____
_____ Total:	TOTAL: _____ \$ _____	TOTAL: _____ \$ _____

	Breed	Age	Class		
			Market Wether	Market Doe	Commercial Doe
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
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	
Entry Rec'd by:	Paid by:
<input type="checkbox"/> In-Person	Cash Amt. _____
	Check # _____ Amt: _____
	Name on check: _____