

**STEER & HEIFERS – MUST BE RECEIVED BY: 8:00 AM ON SUNDAY, JUNE 11, 2023**

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](http://www.maconcountyfair.com)

EXHIBITOR'S NAME: \_\_\_\_\_

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

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

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

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

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

For office use only: Exhibitor # \_\_\_\_\_

Number of Head	Jackpot Show Per Entry Fee
_____ Steers	_____ at \$50.00 = _____
_____ Heifers	_____ at \$50.00 = _____
	TOTAL: _____ \$ _____

	Breed	Age	Weight	Class
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

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