

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: \_\_\_\_\_

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, 2024 - \$25 each	Show Day Entry Fee June 6, 2024 - \$30 each
_____ Does	_____ at \$25.00 = _____	_____ at \$30.00 = _____
_____ Wethers	_____ at \$25.00 = _____	_____ at \$30.00 = _____
_____ Commercial Does	_____ at \$25.00 = _____	_____ 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					
<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! Make entry checks payable to:  
Macon County Fair Association

For Office Use Only

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