

STEER & HEIFERS ENTRY FORM – MUST BE RECEIVED BY: 8:00 AM ON SUNDAY, JUNE 9, 2024

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: _____

CITY, STATE, ZIP: _____

PHONE (_____) _____

EMAIL ADDRESS: _____

QR CODE

FILL OUT ALL INFORMATION LEGIBLE SO CHECKS CAN BE MAILED OUT.

Departments	Number of Head	Jackpot Show Per Entry Fee
Dept. H-1	_____ Heifers	_____ Heifers at \$50.00 =\$ _____
Dept. H-2	_____ Steers	_____ Steers at \$50.00 = \$ _____
		TOTAL: _____ \$ _____

	Breed	Heifer	Age	Steer	Weight
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

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!

Any Questions Call: Katie Sellmeyer (217) 691-4301

or by email: ktesellmeyer@gmail.com

OR Call Alec Murphy (217) 494-2851

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