

SWINE ENTRIES – 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: _____

GENDER: MALE FEMALE

CITY, STATE, ZIP: _____

PHONE (_____) _____

For office use only: Exhibitor #

EMAIL ADDRESS: _____

Number of Head	
_____ Gilts	_____ at \$20.00 Entry Fee + \$5.00 Exhibitor Fee = _____
_____ Barrows	_____ at \$20.00 Entry Fee + \$5.00 Exhibitor Fee = _____
_____ Total:	TOTAL: \$ _____

	Section	Premium #	Description
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
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

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