

SWINE ENTRIES – MUST BE ENTERED BY SATURDAY, JUNE 6, 2026
ONLINE ONLY | www.showman.app.com

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: M A L E F E M A L E
 CITY , STAT E, ZIP: _____
 PHONE (_____) _____
 EMAIL ADDR ESS: _____

For office use only: Exhibitor # _____

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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