

USE SEPARATE ENTRY BLANK FOR EACH OWNER
 USE SEPARATE ENTRY BLANK FOR EACH BREED

PREMISE ID# _____
 Voluntary

Illinois State Fair

OPEN AND LAND OF LINCOLN BEEF CATTLE ENTRY BLANK

Entries Must be Postmarked July 1
NO REFUNDS

Return form and fees to:
 ILLINOIS STATE FAIR, COMPETITIVE EVENTS
 P. O. BOX 19427, SPRINGFIELD, IL 62794-9427
 PHONE: 217-782-0786

This form should be completed online; saved; printed and
 mailed to the address above, along with ALL entry fees, etc.
 IN ADDITION, the completed electronic file is to be emailed to:
ilopenbeef@gmail.com

DEPART- MENT	DIVISION NO.	CLASS NUMBER		NAME OF ANIMAL	REGISTRATION AND/OR TATTOO NUMBER	DATE OF BIRTH	NAME AND ADDRESS OF OWNER (As it appears on Registration Paper)
		OPEN CLASS	LAND OF LINCOLN				
				1.			
				2.			
				3.			
				4.			
				5.			
				6.			
				7.			
				8.			
				9.			
				10.			

EXHIBITOR'S NAME (Please Type or Print)

ADDRESS, STREET OR R. F. D.

CITY STATE ZIP CODE

TELEPHONE

EMAIL

SOCIAL SECURITY # OR FEIN # OF FIRM OR CORP. (ONLY NEW EXHIBITOR)

CONDITION OF ENTRY

By signing this form, I certify that I have read the contents of the Premium Book, including the section entitled Ethical Care and Exhibiting of Animals, and that I will abide by all applicable rules and guidelines contained therein, including specific rules relating to the administration of drugs to animals, as well as all other rules relating to the Illinois State Fair and the laws and regulations of the State of Illinois.

Parent/Guardian Signature Date

Exhibitor's Signature Date

County

WILL ANY OF THESE BE STALLED IN THE JUNIOR BUILDING? _____

IF SO, HOW MANY? _____

Beef Cattle per head (\$20.00) _____

Admission Passbook (13-59) each (\$60.00) _____

Auto Sticker each (\$40.00) _____

Total _____

CHECKS PAYABLE TO: ILLINOIS STATE FAIR

Receipt # _____

Exhibitor's # _____ ID # _____

ALL LIVESTOCK TRUCKS, TRAILERS, & GOOSE-NECKS WILL BE PARKED IN THE 1/2 MILE TRACK AND WILL BE SPRAYED BY A MOBILE UNIT!

IMPORTANT NOTICE: This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under 20 ILCS 210/1-13. Failure to provide this information shall prevent this form from being processed. This form has been approved by the State Forms Management Center in accordance with the Americans With Disabilities Act any attendee requiring a reasonable accommodation should notify us of their needs by August 1.
 IL406-0566 (Rev. 4-16)

DEPART- MENT	DIVISION NO.	CLASS NUMBER		NAME OF ANIMAL	REGISTRATION AND/OR TATTOO NUMBER	DATE OF BIRTH	NAME AND ADDRESS OF OWNER (As it appears on Registration Paper)
		OPEN CLASS	LAND OF LINCOLN				
				11.			
				12.			
				13.			
				14.			
				15.			
				16.			
				17.			
				18.			
				19.			
				20.			

Name _____ Exhibitor # _____ ID# _____ Receipt _____