This form can be completed on-line, saved, printed and mailed to:
DuQuoin State Fair
655 Executive Drive
DuQuoin, IL 62832

DuQuoin State Fair

LIVESTOCK ENTRY BLANK

Closing Date for Entries August 1, 2016

Closing Date For Substitutions August , 2016

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

FOR OFFICE USE ONLY
Receipt # _____
Exhibitor's # _____
ID # _____

DEPART-MENT	DIVISION NO.	CLASS NO.	NAME OF ANIMAL	REGISTRATION NO.	DATE OF BIRTH	NAME AND ADDRESS OF OWNER (As it appears on Registration Paper if different from below)	NAME AND ADDRESS OF BREEDER (As it appears on Registration Paper)	TATTOO NUMBER
			1.					
			2.					
			3.					
			4.					
			5.					
			6.					
			7.					
			8.					
			9.					
			10.					

Exhibitor's Name _____
Address _____
_____
City State Zip Code
_____
Telephone _____
Cell Phone _____
County _____
_____
Social Security Number
E-MAIL _____
Junior Exhibitor's Age _____

ENTRY FEE

Per Head (Beef or Dairy Cattle) No Entries in Jr. Show	each	($15.00)	_____
Bedding Fee Beef	each	($20.00)	_____
Exhibitor's Pass	each	($30.00)	_____
	Total		_____

CONDITION OF ENTRY

By signing this form, I certify that I have received and read the contents of the Premium Book and that I will abide by all applicable rules contained therein, including rules relating to the administration of drugs to animals, and all other rules relating to the DuQuoin State Fair and the laws and regulations of the State of Illinois.

_____
Parent/Guardian and Exhibitor Date

Mail Entries To:
DuQuoin State Fair
655 Executive Drive
DuQuoin, IL 62832

NO REFUNDS

If you do not receive a confirmatio n by August 15,. please call 542-1509

Make Check Payable To: DuQuoin State Fair

ALL LIVESTOCK TRUCKS, TRAILERS, & GOOSE-NECKS WILL BE PARKED IN THE DESIGNATED AREAS.

* Manadotory to show at the fair

In accordance with the Americans With Disabilities Act any attendee requiring a reasonable accommodation should notify us of their needs by August 15.

IMPORTANT NOTICE: This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under 20 ILCS 210. Failure to provide this information shall prevent this form from being processed. This form has been approved by the State Forms Management Center. IL406-0527(Rev. 5/12) DQ2001

DEPART-MENT	DIVISION NO.	CLASS NO.	NAME OF ANIMAL	REGISTRATION AND/OR TATTOO NUMBER	DATE OF BIRTH	NAME AND ADDRESS OF OWNER (As it appears on Registration Paper if different from below)	NAME AND ADDRESS OF BREEDER (As it appears on Registration Paper)
			11.				
			12.				
			13.				
			14.				
			15.				
			16.				
			17.				
			19.				
			20.				
			21.				
			22.				
			23.				
			24.				
			25.				
			26.				
			27.				
			28.				
			29.				
			30.				
			31.				
			32.				
			33.				