

FOR OFFICE USE ONLY AWARD _____ AMOUNT PAID _____
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**DUQUOIN STATE FAIR
SCHOOL PARTICIPANT
Special Events Entry Form**

School Name _____

Please check event of your choice:

() High School & Jr. High Marching Band Contest

() FFA Farmyard Follies

Premium Number: _____ School Enrollment _____ (1A 2A 3A)

Sponsor Name: _____ Home Phone _____ Cell Phone _____

Home Address: _____ City _____ State _____ Zip _____

School Address _____ **City** _____ **State** _____ **Zip** _____

School Phone _____ **School Mascot** _____

School FEIN # _____ **Number of Team Members** _____

FEEL FREE TO MAKE AS MANY COPIES AS NEEDED

Submit to: DuQuoin State Fair, Special Events Department
655 Executive Drive, DuQuoin, IL 62832
Telephone: 618/542-1515 (Voice/TTY) Fax: 618/542-1541

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. In accordance with the Americans with Disabilities Act, any attendee requiring a reasonable accommodation should notify us by August 22, 2015. IL 406-1444 (Rev. 7-15)

