

Illinois State Fair

GENERAL ENTRY BLANK

CLOSING DATE FOR ENTRIES JULY 15TH

Use Separate Entry Blank for Each Entry Department

FOR CLOSING DATE OF OTHER CLASSES, SEE HEAD OF EACH DEPARTMENT

Department	Division	Class Number	Description Use the Wording of the Premium List
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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 Illinois State Fair and the laws and regulations of the State of Illinois.

Parent/Guardian _____ and Exhibitor _____ Date _____

Exhibitor's Name _____ (Jr. Exhibitor State Age _____) Address _____ Street or R.F.D. _____ City _____ State _____ Zip Code _____ Telephone _____ Social Security # or FEIN # of Firm or Corp. _____ Social Security # must be listed at time of entry to be eligible for premium awards. Make Check Payable To: Department of Agriculture, IL State Fair No Refunds	<p style="text-align: center;">DO NOT WRITE IN THIS SPACE</p> Culinary, Textile, Hobbies _____ Bee Culture.....\$1.00 per class _____ _____ Amateur Art.....\$5.00 per class _____ _____ Floriculture.....\$1.00 per class _____ _____ Gladiolus.....\$10.00 per day _____ _____ Roses.....\$10.00 per day _____ _____ Hosta.....\$10.00 per day _____ _____ Admission Passbook.....\$35.00 _____ _____ Child (5-12) Passbook.....\$15.00 _____ _____ Auto Sticker.....\$30.00 _____ _____ Dairy Products.....\$7.00 per item _____ _____ Ag Products.....\$0.50 per class _____ <p style="text-align: right;">TOTAL _____</p> Receipt # _____ Exhibitor # _____ ID # _____ Signed _____ <p style="text-align: right;">Entry Dept _____</p>
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IMPORTANT NOTICE: The state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under 20 ILCS 201/1-13. Failure to provide this information shall prevent the 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 accomodation should notify us of their needs by August 1st.

Department	Division	Class Number	Description Use the Wording of the Premium List
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