

**MINIATURE HORSE EXHIBITOR CARD
ATTACH EXHIBITOR CARD AND FEES WITH ENTRY BLANK**

_____ EXHIBITOR'S NAME (Please Type or Print)

_____ ADDRESS, STREET OR R. F. D.

CITY _____ STATE _____ ZIP CODE _____

_____ TELEPHONE _____

_____ SOCIAL SECURITY # OR FEIN # OF FIRM OR CORP.

FOR OFFICE USE ONLY

RECEIPT # _____

EXHIBITOR # _____

ID # _____

| | | |
|-------|-------------------------------|---------|
| _____ | Per Head | \$15.00 |
| _____ | Per Stall..... | \$5.00 |
| _____ | Admission Passbook..... | \$35.00 |
| _____ | Child (5-12) Passbook..... | \$15.00 |
| _____ | Auto stickers (optional)..... | \$30.00 |
| | TOTAL _____ | |

MAKE CHECK PAYABLE TO:

Dept. of Agriculture

NO REFUNDS

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 the information shall prevent this form from being processed. This form has been approved the State Forms Management Center. IL406-1590(4-09)

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