ENTRY FEES MUST BE PAID IN ADVANCE FOR ALL DEPARTMENTS!

Taxpayer Identification Number or Social Security Number
No premiums paid without proper TIN or SSN

Decatur-Macon County Fair, Decatur, Illinois

General Entry Blank

Use Separate entry blank for each department.
Use separate line for each entry—no multiples.

Exhibitor's Name: _____ Phone: _____
Mailing Address: _____ City, State, Zip: _____

Please accept the following entries:

Dept.	Sec #	Prem. #	Brief Description	Entry Fee

IMPORTANT INFORMATION
# of Pens Requested

_____Hogs
_____Cattle
_____Horses
_____Sheep
_____Goats
_____Rabbits
_____Poultry

All Entries Must Be Received By 4:00 PM, Saturday, June 5 or Double Monies Will Be Charged. No Exceptions Will Be Made! ENTRY FEES MUST BE PAID IN ADVANCE!!!

Check Enclosed for the following:

Exhibitor's Fees	$
Stall/Pen Rent	
_____# Cattle @ $10/hd	$
____# Hogs @ $3/hd	$
____# Sheep/Goats @ $3/hd	$
____#Poultry Pens @ $1.50 ea	$
____# Rabbit pens @ $1 ea	$
Entry Fees	$
____# nites **Camping** @$20 ea	$
TOTAL	**$**

Mail Entry Blanks and Checks to:
Decatur-Macon County Fair
PO Box 3305
Decatur, IL 62524-3305

or in person at Fair Grounds office (217) 877-8941
(Office hours: M-F 10am-4pm 2 weeks before fair)

More entry blanks and fair book information available online at www.maconcountyfair.net

OFFICE USE ONLY *Use pencil.*
Cash amt _____ Check amt _____ Ck#_____ Name on ck_____
Amount overpaid _____ Refund due _____