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

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, May 28, 2011 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/Goat @ $3/hd	$ _____
_____ # Poultry Pens @$1.50 ea	$ _____
_____ # Rabbit Pens @ $1 ea	$ _____
Entry Fees	$ _____
_____ # nights **Camping** @ $20 ea	$ _____
TOTAL:	$ _____

Mail Entry Blanks and Checks to:
Macon County Fair
PO Box 3305
Decatur, IL 62524-3305
or in person at Fair Grounds office (217) 877-8941
(Office hours: M-S 9 am-5pm 2 weeks before the fair)

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

OFFICE USE ONLY *Use pencil.*

Cash Amount_____ Check Amount_____ Ck #_____ Name on Check_____