ENTRY MUST BE VERIFIED BEFORE MAILING

Exhibitor must have their FFA Advisor or 4-H Extension Unit Office representative verify their enrollment by signing below. By signing this form, I verify the exhibitor is enrolled in the FFA or 4-H Program and the project area in which the exhibitor is submitting Illinois State Fair entries.

Signed:___

ILLINOIS STATE FAIR JUNIOR DIVISION ENTRY FORM FOR HORSES ONLY

MAIL ENTRIES TO: ILLINOIS STATE FAIR COMPETITIVE EVENTS OFFICE P. O. Box 19427 Springfield, IL 62794-9427 Phone: 217/782-0785

DEADLINE: POSTMARKED JUNE 1

| ension Representative | | | | | | |
|---|-------------------|---|---|--|--|--|
| | | | | | | |
| | | | | Horses | per head (\$10.00) | |
| IMPORTANT: SEE JR. PREMIUM BOOK FOR LIST OF RULES | | | | TOTAL | | |
| Birth Date: Mo Day Year | | | Make Checks Payable to: ILLINOIS STATE FAIR NO REFUNDS SEPARATE CHECKS FOR OPEN AND JUNIOR ENTRIES | | | |
| | | | | | SEPARALE CHECKS FOR OPEN AND JUNIOR ENTRIES | |
| Address, Street or RFD | | | | Receipt # Exhibitor # | | |
| City or Town | | | | ID# | | |
| | | | | | | |
| | | | | By signing this for | CONDITION OF ENTRY m, I certify that I have read the contents of the Premium Book, | |
| | | | | ncluding the section abide by all application | on entitled Ethical Care and Exhibiting of Animals, and that I will oble rules and guidelines contained therein, including specific rules | |
| Social Security # (IF NEW EXHIBITOR) | | | | relating to the administration of drugs to animals, as well as all other rules relating to the Illinois State Fair and the laws and regulations of the State of Illinois. Signed | | |
| | | | | | | |
| County | | | | | | |
| | | | BIRTH | 1 | 1 | |
| _ of L CLASS # | CLASS DESCRIPTION | REGISTRY # | DATE | SEX | ANIMALS REGISTERED NAME | |
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