

DATE: _____
 PREMISE ID # _____

EX.# _____
 ENTERED _____

**NON-LIVESTOCK
 WINNEBAGO COUNTY FAIR ASSOCIATION OFFICIAL ENTRY BLANK**

**ENTRIES WILL CLOSE AT 4:00 P.M. SATURDAY, AUGUST 4, 2018
 FEES MUST ALSO BE PAID BY 4: P.M. SATURDAY, AUGUST 4, 2018
 NO EXCEPTIONS!**

Website: www.winnebagoountyfair.com e-mail: fairinfo@winnebagoountyfair.com

Make Checks Payable to: WCFA **Mail Entries to:** WCFA **Fax Entries to:** 815-239-1653
 PO Box 810 (If you fax an entry do
 Pecatonica, IL 61063 not mail an entry form!)

NAME _____ **BIRTHDATE** _____
ADDRESS _____
CITY _____ **STATE** _____ **ZIP** _____
PHONE(____) _____ **SS#** _____

****EACH EXHIBITOR MUST PURCHASE AN EXHIBITOR PASS REGARDLESS OF 4-H PARTICIPATION.**
 STATE OF ILLINOIS REQUIRES SOCIAL SECURITY NUMBER ON ALL ENTRIES**

_____ Exhibitor Passes (\$10.00, limit 2) _____ Adult Season Passes (\$15.00)
 _____ Child's Season Pass (\$10.00) 9-12 years _____ Seniors 60 & Over Pass (\$10.00)

DEPT. LETTER	SECTION #	CLASS #	DESCRIPTION (Wording in book)	ENTRY FEE
1.				
2.				
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Check here if additional entries on back

Each exhibitor must sign the Exhibitor Entry Statement on the back of this form.

Total Passes \$ _____
 Total Entry Fees \$ _____
TOTAL DUE \$ _____
TOTAL PAID \$ _____

Office Use Only:
 Cash _____ Check _____ Credit _____

Payment by Credit Card No: _____ **Exp:** _____ **3 Digit Code:** _____
 (Back of Card)

One Exhibitor Per Entry Blank. This form may be photocopied if additional forms are needed

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DEPT. LETTER	SECTION NUMBER	CLASS NUMBER	DESCRIPTION (Wording in book)	ENTRY FEE
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EXHIBITOR ENTRY STATEMENT

I have read and understand, and in consideration for being permitted to exhibit at the Winnebago County Fair, agree and consent to abide by the rules of competition, including the IAFE (International Association of Fairs and Expositions) National Code of Show Ring Ethics as stated in the premium list of this event.

Exhibitor (owner, exhibitor, fitter, trainer, or absolutely responsible person)

DATE

Guardian or Parent (if under 18)

DATE