

DATE: _____
PREMISE ID # _____

EX.# _____
ENTERED _____

NON-LIVESTOCK
WINNEBAGO COUNTY FAIR ASSOCIATION OFFICIAL ENTRY BLANK
ENTRIES WILL CLOSE AT 4:00 P.M. SATURDAY, AUGUST 2, 2025
FEES MUST ALSO BE PAID BY 4: P.M. SATURDAY, AUGUST 2, 2025
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

Pecatonica, IL 61063

(If you fax an entry do
not mail an entry form!)

NAME _____ BIRTHDATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE(____) _____ Email _____

____ 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.				
3.				
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11.				
12.				
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15.				

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.

OFFICIAL WINNEBAGO COUNTY FAIR ENTRY BLANK - NON-LIVESTOCK, PAGE 2

DEPT. LETTER	SECTION NUMBER	CLASS NUMBER	DESCRIPTION (Wording in book)	ENTRY FEE
16.				
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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