DATE:_____ EX.#_____
PREMISE ID #_____ ENTERED_____

NON-LIVESTOCK
WINNEBAGO COUNTY FAIR ASSOCIATION OFFICIAL ENTRY BLANK
ENTRIES WILL CLOSE AT 4:00 P.M. SATURDAY, AUGUST 7, 2021
FEES MUST ALSO BE PAID BY 4: P.M. SATURDAY, AUGUST 7, 2021
NO EXCEPTIONS!
Website: www.winnebagocountyfair.com e-mail: fairinfo@winnebagocountyfair.com

Make Checks Payable to: WCFA **Mail Entries to:** WCFA
PO Box 810
Pecatonica, IL 61063
Fax Entries to: 815-239-1653
(If you fax an entry do 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)
_____Child's Season Pass ($10.00) 9-12 years
_____Adult Season Passes ($15.00)
_____Seniors 60 & Over Pass ($10.00)

DEPT. LETTER	SECTION #	CLASS #	DESCRIPTION (Wording in book)	ENTRY FEE
1.				
2.				
3.				
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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.

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

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