STATE OF ILLINOIS
DEPARTMENT OF AGRICULTURE
COUNTY FAIR OFFICE

DEPARTMENTS "S" & "T"

_____ STANDARDBRED—THOROUGHBRED—QUARTER HORSE RACES
YEAR **(Stakes—Overnights—Amateurs)**

COUNTY_____ TOWN_____

☐ **County Fair wrote checks. (Please √ one box.)**

☐ **Colt Association wrote checks (approved by IDOA's Bureau of County Fairs and Horse Racing).**

DEPT. "S" **DEPT. "T"**

Standardbred: _____ **(Race Dates)** **Thoroughbred:** _____ **(Race Dates)**

Quarter horse: _____ (Race **Dates)**

Eligible Claim Formula

1. TOTAL PREMIUMS PAID OUT IN FULL by COUNTY FAIR

(Regardless if total purses have been distributed or not.)

*** Please show all figures on the left side of this box.**

Department "S" **Department "T"**

Standardbred: $_____ **Thoroughbred: $**_____
(Include March 15 payment & entry fees) (Include entry fees)

Quarter Horse: $_____

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2. TOTAL OF ALL BREEDERS FUND CONTRIBUTION

(Include ALL MONIES from ISBF, PARA 49, and FAIRMOUNT PARK.)

*** Please show all figures on the left side of this box**.

Department "S" **Department "T"**

Standardbred: $_____ **Thoroughbred: $**_____

Quarter Horse: $_____
(Include ALL ADDED MONIES FROM ITBF and IQBF.)

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3. GRAND TOTAL ELIGIBLE CLAIM(s)

SUBTRACT 2. FROM 1. TO HAVE THE GRAND TOTAL ELIGIBLE CLAIM

These TOTALS are to be reflected on the Premium Grand Summary Report.
Also, 30% Rule is figured on the TOTAL of these two (2) Departments, if applicable.

Department "S" **Department "T"**

Standardbred: $_____ **Thoroughbred: $**_____

(County Fair contribution amt.) ↑ **+** ↑↓(County Fair contribution amt.)

Quarter Horse: $_____