

FOR OFFICE USE ONLY  
AWARD \_\_\_\_\_  
AMOUNT PAID \_\_\_\_\_

**DUQUOIN STATE FAIR  
SCHOOL PARTICIPANT  
Special Events Entry Form**

School Name \_\_\_\_\_

\*\*\*\*\*

Please check event of your choice:

( ) High School & Jr. High Marching Band Contest

( ) FFA Farmyard Follies

Premium Number: \_\_\_\_\_ School Enrollment \_\_\_\_\_ (1A 2A 3A)

Sponsor Name: \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School Phone \_\_\_\_\_ School Mascot \_\_\_\_\_

School FEIN # \_\_\_\_\_ Number of Team Members \_\_\_\_\_

\*\*\*\*\*

**FEEL FREE TO MAKE AS MANY COPIES AS NEEDED**

Submit to: DuQuoin State Fair, Special Events Department  
655 Executive Drive, DuQuoin, IL 62832  
Telephone: 618/542-1515 TTY 866/287-2999

IMPORTANT NOTICE: This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under 20 ILCS 210. Failure to provide this information shall prevent this form from being processed. This form has been approved by the State Forms Management Center. In accordance with the Americans with Disabilities Act, any attendee requiring a reasonable accommodation should notify us by August 21, 2019.  
IL 406-1444 (Rev. 5-18)

