Illinois State Fair
GENERAL
FLORICULTURE
ENTRY BLANK
Rose Entries Close On August 8
Hosta Entries Close on August 10
All Other Entries Close On August 1

Mail entries to:
ILLINOIS STATE FAIR,
COMPETITIVE EVENTS
P.O. BOX 19427,
SPRINGFIELD, IL 62794-9427
PHONE: 217-782-0786

Exhibitor’s Name _____________________________________________
Jr Exhibitor Age __________
Address ______________________________________________________
City _____________________________ State ______________ Zip ________
Telephone _____________________________________________________
Email __________________________________________________________

Social Security OR FEIN

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<thead>
<tr>
<th>Depart-</th>
<th>Division</th>
<th>Class Number</th>
<th>Description</th>
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<td>Use the Wording of the Premium List</td>
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Floriculture…………………………..per class ($2.00) ___________
Hosta Show……………………($4.00 per entry up to 4 entries)
... ($20.00 for 5 or more entries)
Gladiolus Show over age 18 .........($25.00)
age 18 and under ..................... ($10.00)
(unlimited number of classes)
Rose Show over age 18 ..........($25.00)
age 18 and under ..................... ($10.00)
(unlimited number of classes)

* Admission Books (13-59) ............each ($45.00)
* Auto Sticker ..........................each ($40.00)
TOTAL $ __________________________

*Admission Books and Auto Stickers will need to be picked up at the Emmerson Building on Fair Grounds before Fair starts

CONDITION OF ENTRY
By signing this form, I certify that I have read the contents of the Premium Book, including the section entitled Ethical Care and Exhibiting of Animals, and that I will abide by all applicable rules and guidelines contained therein, including specific rules relating to the administration of drugs to animals, as well as all other rules relating to the Illinois State Fair and the laws and regulations of the State of Illinois.

Exhibitor Signature __________________________________________ Date __________

IMPORTANT NOTICE: This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under 20 ILCS 210/1-13. 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 of their needs by August 1

NO REFUNDS
MAKE CHECKS PAYABLE TO:
ILLINOIS STATE FAIR
Receipt # __________________________
Exhibitor # ______________________
ID # _____________________________

Receipt #  _____________________________
Exhibitor # ____________________________
ID #   ________________________________