# Illinois State Fair Junior Division

## HORSES ONLY

### ENTRY FORM

Entries Must be Postmarked by June 1

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**Birth Date:** Mo. __________________  Day __________  Year __________

**Name of Exhibitor:** ______________________________________________________

**Address, Street or RFD:** __________________________________________________

**City or Town:** ___________________________________________________________

**Zip Code (required):** __________________________

**Telephone Number:** __________________________

**Email:** __________________________

**Social Security # (IF NEW EXHIBITOR):** __________________________

**Name of FFA Chapter or 4-H Club:** __________________________________________

**Name of FFA Instructor or 4-H Leader:** _______________________________________

**County:** __________________________

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**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.

Signed: __________________________

Parent and/or Guardian

Date: __________________________

Signed: __________________________

Exhibitor

Date: __________________________

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### IMPORTANT NOTICE: SEE JR. PREMIUM BOOK FOR LIST OF RULES

**Horses .........................................per head ($10.00)  ___________________**

**TOTAL  ________________________**

Make Checks Payable to: ILLINOIS STATE FAIR

NO REFUNDS

SEPARATE CHECKS FOR OPEN AND JUNIOR ENTRIES

**Receipt #: ______________________**

**Exhibitor #: ____________________**

**ID#: __________________________**

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### CLASS# | L of L CLASS # | CLASS DESCRIPTION | REGISTRY # | BIRTH DATE | SEX | ANIMALS REGISTERED NAME
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