

DATE: _____
PREMISE ID # _____

EX.# _____
ENTERED _____

NON-LIVESTOCK
WINNEBAGO COUNTY FAIR ASSOCIATION OFFICIAL ENTRY BLANK
ENTRIES WILL CLOSE AT 4:00 P.M. SATURDAY, AUGUST 3, 2024
FEES MUST ALSO BE PAID BY 4: P.M. SATURDAY, AUGUST 3, 2024
NO EXCEPTIONS!

Website: www.winnebagoountyfair.com e-mail: fairinfo@winnebagoountyfair.com

Make Checks Payable to: WCFA Mail Entries to: WCFA Fax Entries to: 815-239-1653
PO Box 810 (If you fax an entry do
Pecatonica, IL 61063 not mail an entry form!)

NAME _____ BIRTHDATE _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE(____) _____ Email _____

____ Exhibitor Passes (\$10.00, limit 2) ____ Adult Season Passes (\$15.00)
____ Child's Season Pass (\$10.00) 9-12 years ____ Seniors 60 & Over Pass (\$10.00)

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