

Fair Office: (217) 345-2656

Coles County Fair Association
P.O. Box 225 Charleston, Illinois 61920

FAX: (217) 345-9211

EXHIBITOR'S NAME:

EXHIBITOR # _____ (For Office Use Only)

ADDRESS:

PREMISE ID #

CITY / STATE / ZIP:

GENDER:

PHONE:

SS#:

DATE OF BIRTH:

**** STATE OF ILLINOIS REQUIRES A SOCIAL SECURITY NUMBER FOR ALL EXHIBITORS ****

	DEPARTMENT (LETTER)	SECTION (NUMBER)	CLASS (NUMBER)	DESCRIPTION (Use Wording From Fair Book)	STALL/PENS	ENTRY FEE
1.						
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Exhibitors Must Pay Entry Fees & Pen/Stall Fees For Each Show Entered.

___ Exhibitor Tickets (\$10.00) \$ _____
 ___ Stalls @ \$10.00 (Beef Per Head) \$ _____
 Stalls @ \$50.00 (Dairy Per Head)..... \$ _____
 ___ Pens @ \$8.00 (Swine Per Pen) \$ _____
 ___ Pens @ \$4.00 (Sheep Per Head) \$ _____
 ___ Pens @ \$5.00 (Goats Per Head) \$ _____

Total Entry Fees \$ _____
 Total Exhibitor Tickets..... \$ _____
 Total Stall/Pen Fees..... \$ _____
 Grand Total \$ _____
 Total I Paid..... \$ _____
 Total Owed \$ _____

* Check Here If Addition Entries On Back Or Additional Sheets

I Hereby Certify That I Have Read And Approve Of The Entries That I Have Made In The Coles County Fair.

Signature: _____

Date: _____

	DEPARTMENT (LETTER)	SECTION (NUMBER)	CLASS (NUMBER)	DESCRIPTION (Use Wording From Fair Book)	STALL/PENS	ENTRY FEE
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