

Fair Office: (217) 345-2656
FAX: (217) 345-9211

Send This Statement of Entries to:
Coles County Fair Association
P.O. Box 225 Charleston, Illinois 61920

**NON-LIVESTOCK
ONLY**

EXHIBITOR'S NAME: _____ EXHIBITOR # _____ (Office Use Only)

ADDRESS: _____

CITY / STATE / ZIP: _____ GENDER: MALE FEMALE

PHONE: (____) _____ SS# ____ - ____ - ____ DATE OF BIRTH: _____
Month / Day / Year

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

	DEPARTMENT (LETTER)	SECTION (NUMBER)	CLASS (NUMBER)	DESCRIPTION (Use Wording From Fairbook)	ENTRY FEE
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					

_____ Exhibitors Passes (\$10.00 each).....\$ _____

Total Exhib. Passes \$ _____

Check here if additional entries on additional sheets _____

Total Entry Fees \$ _____

I hereby certify that I have read the competition rules and regulations and approved of the entries that I have made in the Coles County Fair.

Total Due \$ _____

Total Paid \$ _____

Signature _____

Date _____