TO: CARROLL COUNTY FAIR
P. O. BOX 548
MILLEDGEVILLE, ILLINOIS 61051

ENTRY BLANK
MAY BE COPIED

Office Use Only:
Exhibitor # _____
Ticket # _____
Date Received _____
Check #____ Cash___ MO#___
 # Pages _____
Initials _____

Walk in ENTRIES CLOSE August 1, 2016 7:00 PM
Mailed ENTRIES postmarked by July 30, 2016
No Early Camping (before August 7, 2016)

2016 RABBITS DEPT I-A

Please carefully read all rules before filling out any entry blanks!

How many?

1 Exhibitor's Ticket (1 allowed) $ 15.00
___Care…….. $ _____
___State Fee..…… $ _____
___Season Ticket ($20.00 each) $ _____
___Camping for the week($100) $ _____

SUBTOTAL FROM ABOVE.$_____

ENTRY FEES (from all pages)……$_____

TOTAL ENCLOSED……$_____

Please list total number of RABBITS_____

___I am also a Carroll County 4-H Member exhibiting in this department in the 4-H show.

Health papers required

I, the undersigned have read all rules of the association and agree to abide by same.

Name_____
Address _____
City _____ State _____ Zip_____
Telephone No. _____Volunteered Premise ID#: _____

CLASS#	BREED	VARIETY	CLASS AGE circle	SEX	EAR TAG	PEN CARE	STATE FEE	ENTRY FEE	TOTAL FEE
			Sr 6/8 Jr	B or D					
			Sr 6/8 Jr	B or D					
			Sr 6/8 Jr	B or D					
			Sr 6/8 Jr	B or D					
			Sr 6/8 Jr	B or D					
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