Office Use Only: Check # _____ Exhibitor's Number: _____ Date Input: _____

Open Entry Form

Entries must be received by August 1, 2021

Mailing Address: Jo Daviess County Fair, PO Box 451, Warren, IL 61087

Entry Fees $ _____

Exhibitor's Ticket $ $25.00

Season Ticket(s) ____ X $40 $ _____

Total $ _____

I have read the rules of the Jo Daviess County Agricultural Society pertaining to these exhibits and agree to abide by them.

Signature: _____

(Parent/Guardian if under 18)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____

ZIP: _____

PHONE: _____

DID YOU SHOW LAST YEAR: YES NO

IF NOT, SSN: _____

DEPT	CLASS	LOT	DESCRIPTION OF ENTRY	ENTRY FEE

Open Entry Form (Continued)

DEPT	CLASS	LOT	DESCRIPTION OF ENTRY	ENTRY FEE