

ENTRY BLANK -- Use for ALL Departments

Whiteside County Central Agricultural Society, Morrison, IL

Please type or print: GIVE COMPLETE MAILING ADDRESS INCLUDING ZIP AND SOCIAL SECURITY #

Exhibitor Name: _____
Address: _____
City: _____ St: _____ Zip: _____
Social Security #: _____ --- _____ ---
Phone #: _____
 Check here if change of address
e-mail address: _____

Please enter the following exhibits for premiums at the Whiteside County Fair. I have read and agree to abide by the rules specified.

Signature: _____
Date: _____

If paying by Visa or Mastercard, provide the following:
Card Number _____ -- _____ -- _____ -- _____
date of exp ____/____/____ mm/yy csv code _____
(A \$3.00 Convenience fee will apply.)

Mail entry(s) & payment to: Whiteside County Fair
P.O. Box 88
Morrison, IL 61270

For office use only Exhibitor #: _____

Entry Fees (from bottom - if any)

Membership Tickets _____
Adults @ \$20.00 _____
Children @ \$5.00 _____
Helpers Tickets @ \$12.00 (for livestock only) _____
Camping Fees @ \$15.00/night _____

of animals # stalls/pens/head

Beef stalls @ \$3.00/stall _____
Dairy Stalls @ \$2.00/head _____
Draft Horse @ \$4.00/stall _____
Sheep Pens @ \$3.00/pen _____
Swine @ \$2.00/pen _____
Rabbits _____

Credit Card Convenience Fee \$3.00 _____

Total Enclosed \$ _____

Premise ID: _____
Required for all Livestock Entries

**ALL FEES MUST ACCOMPANY ENTRY BLANK. NO FEES REFUNDED.
Returned checks subject to a \$25.00 Service Charge**

Department	Premium #		Description (Use Wording of Premium Book)	Entry Fee (if any)
	Section	Class		
One Department per page				

Total Entry Fees: \$ _____