

Total of all entry forms enclosed for this one Exhibitor.

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

Exhibitor's signature \_\_\_\_\_

Please Print all information below

EXHIBITOR'S NAME \_\_\_\_\_

**Fill in if entering that class group**

		Class group		Entry Fee
1	P	Exhibit Building		
2	H01	Beef-Breeding		
3	H01	Beef-Market		
4				
5	H03	Dairy		
6				
7	H05	Dairy Goats		
8	H06	Pygmy Goats		
9	H07	Meat Goats		
10	H08	Horse		
11	H09	Poultry		
12	H10	Quality Meats		
13	H11	Rabbits		
14	H12	Sheep		
15	H13	Swine		
		Use the following rows if more than 1 sheet	was needed for any class group	
Must Purchase with Entry		Exhibitor Passes Required \$15.00 (Limit 2)		
		1 TIME PER YEAR Administrative Fee \$2.00 per exhibitor		

**ALL FEES MUST ACCOMPANY ENTRY BLANKS (NO Refunds). Total Amount Enclosed** \_\_\_\_\_

Money Order, Cash, or Check # \_\_\_\_\_

Mail entries with checks or Money Order payable to: **Ogle County Fair Association,**  
**PO Box 142,**  
**Oregon, Illinois 61061**

OGLE COUNTY FAIR *Junior Quality Meats* ENTRIES CLOSE **JUNE 15, 2019**

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Please Print

SOCIAL SECURITY NUMBER (REQUIRED) \_\_\_\_\_

EXHIBITOR'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE (\_\_\_\_\_) \_\_\_\_\_

BIRTHDATE (Month-Date-Year) \_\_\_\_\_ Age as of January 1<sup>st</sup> \_\_\_\_\_

USE ONE LINE PER ENTRY									
	Dept letter	Dept number	Section Number	Class Number	Class Name	Breed	Animal's Birth Date	Tattoo#/ Ear # or name	Entry Fee
1	H10								
2	H10								
3	H10								
4	H10								
5	H10								
6	H10								

**Transfer this amount to cover sheet in Quality Meats Line 12 H 10** Total amount this page \_\_\_\_\_

Do not write on back of form, if you need more space use another copy of this sheet and attach

Submission of this entry form indicates acceptance of Rules that apply to each class entered as stated in premium book

Please write plainly and give all information.

Entries with Class Number(s) only will not be accepted.

**ALL FEES MUST ACCOMPANY ENTRY BLANK (NO Refunds).**

OGLE COUNTY FAIR

## Tractor & Truck Pull

Thursday August 1, 2019

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Make entries and checks payable to: Ogle County Fair Association

PO BOX 142  
OREGON IL 61061

Please Print

DATE \_\_\_\_\_

SOCIAL SECURITY NUMBER (REQUIRED) \_\_\_\_\_

EXHIBITOR'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE (\_\_\_\_\_) \_\_\_\_\_

County of Residence \_\_\_\_\_

Submission of this entry form indicates acceptance of Rules that apply to each class entered as stated in Premium Book

	Dept letter	Dept number	Section Number	Class Number	Class Name	Entry Fee
1	Q					
2	Q					
3	Q					
4	Q					
5	Q					
6	Q					
7	Q					
8	Q					
9	Q					
10	Q					
11	Q					
12	Q					
13	Q					
14	Q					
15	Q					

Please write plainly and give all information.

Total Entry Fees \_\_\_\_\_

OGLE COUNTY FAIR **River Bend Antique Tractor Pull**

**Wednesday July 31, 2019**

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Make entries and checks payable to: **Ogle County Fair Association**

PO BOX 142  
OREGON IL 61061

Please Print

DATE \_\_\_\_\_

SOCIAL SECURITY NUMBER (REQUIRED)

EXHIBITOR'S NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE (\_\_\_\_\_) \_\_\_\_\_

County of Residence \_\_\_\_\_

Submission of this entry form indicates acceptance of Rules that apply to each class entered as stated in Premium Book

	Dept letter	Dept number	Section Number	Class Number	Class Name	Entry Fee
1	Q					
2	Q					
3	Q					
4	Q					
5	Q					
6	Q					
7	Q					
8	Q					
9	Q					
10	Q					
11	Q					
12	Q					
13	Q					
14	Q					
15	Q					

Please write plainly and give all information.

Total Entry Fees \_\_\_\_\_

OGLE COUNTY FAIR    **Demolition Derby 2019**    Saturday August 3, 2019

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Make entries and checks payable to: Ogle County Fair Association

PO BOX 142  
OREGON IL 61061

Please Print

DATE \_\_\_\_\_

SOCIAL SECURITY NUMBER (REQUIRED) \_\_\_\_\_

EXHIBITOR'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE ( \_\_\_\_\_ ) \_\_\_\_\_

County of Residence \_\_\_\_\_

Submission of this entry form indicates acceptance of Rules that apply to each class entered as stated in Premium Book

	Dept letter	Dept number	Class Number	Class Name	Entry Fee
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Please write plainly and give all information.

Total Entry Fees \_\_\_\_\_