

One Exhibitor Per Entry Blank • Make Checks Payable to: **Clinton County Fair** • **Separate Checks for Each Dept.**

**CLINTON COUNTY FAIR
CLASS F SHEEP ENTRY**

Mail Entries To: Robert Sinclair, 1051 Monroe St., Carlyle, Illinois 62231 OR
E-Mail: clintoncountyfair@yahoo.com

Name _____ Birthday ____/____/____ (jr. exhibitors only)

Soc. Sec # _____ - _____ - _____ Premise I.D. Number _____

Address _____ City _____ State _____ Zip _____

	Qty.	Ram, 1 yr and under	Qty.	Ewe, 1 yr. and under 2	Qty.	Ewe, under 1 yr, born on or before 1-31-18	Qty.	Ewe, under 1 yr. Born after 2-1-18
A. Hampshire		301		302		303		304
B. Shropshire		310		311		312		313
C. Dorset		320		321		322		323
D. All Special Breeds		330		331		332		333
E. Montadale		340		341		342		343
F. Suffolk		350		351		352		353
G. Fine Wool		360		361		362		363
H. Southdown & Cheviot		370		371		372		373
I. All Other Registered Breeds		380		381		382		383

J. Market Lambs

All breeds under 110 lbs.		390
All breeds, 110 and over		391

CAMPING

Arrival Date _____

Departure Date _____

\$20 × _____ (number of days)

Total \$ _____

Total Passes ____ × \$ 5.00 = \$ _____

Total Pen Rent ____ × \$ 7.00 = \$ _____

Total Entry Fees ____ × \$7.00 = \$ _____

Total Camping \$ _____

Total Due \$ _____