Illinois Department of Agriculture
STAKE NOMINATION FORM
Night of Champions

DUE MAY 15th
2-Year-Old Payment $1,000
3-Year-Old Payment $1,500

PLEASE PRINT ALL REQUIRED INFORMATION:

Race Name	Name of Horse	Gait	Sex	Age	Sire	Dam

OWNER - _____

ADDRESS - _____

CITY, STATE, ZIP - _____

CONTACT NUMBER - _____

E-MAIL ADDRESS - _____

MAKE CHECKS PAYABLE TO: ILLINOIS DEPT OF AGRICULTURE

SEND TO: ILL DEPT OF AGRICULTURE
COUNTY FAIRS & HORSE RACING
PO BOX 19281
SPRINGFIELD IL 62794
Telephone: 217/782-4231