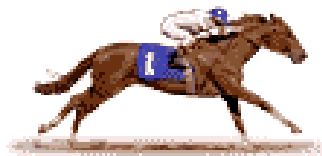


BUREAU OF COUNTY FAIR AND HORSE RACING

**QUARTER HORSE BREEDERS FUND
APPLICATION TO RACE AT COUNTY FAIRS**

- Complete and submit the APPLICATION FOR FUNDS and the DATA ON TRACK FACILITIES forms.
- Submit **no later than FEBRUARY 15th** of the year races are held.
- Review Rules on Quarter Horse County Fair Racing at the following link:
<http://www.ilga.gov/commission/jcar/admincode/008/008002900D02700R.html>
- Review last year's County Fair Racing Schedule at the following link for additional Rules and information on racing:
[http:// www.agr.state.il.us/HorseRace/cfraceschedule.pdf](http://www.agr.state.il.us/HorseRace/cfraceschedule.pdf)



RETURN THIS FORM TO:

ILLINOIS DEPARTMENT OF AGRICULTURE
BUREAU OF COUNTY FAIRS & HORSE RACING
STATE FAIRGROUNDS, P.O. BOX 19281
SPRINGFIELD, ILLINOIS 62794-9281
FAX: 217/524-6194
<http://www.agr.state.il.us/HorseRace/index.html>

If you have any questions regarding the above information,
please call us at (217) 785-0106 or e-mail us at kelly.beck@illinois.gov .

ILLINOIS QUARTER HORSE BREEDERS FUND
APPLICATION FOR FUNDS

FOR ILLINOIS CONCEIVED AND FOALD QUARTER HORSE RACES AT COUNTY FAIRS

1. The undersigned being the Secretary of the _____ Fair Association requests an allotment of funds by the IL Department of Agriculture for the following proposed quarter horse races to be offered at their county fair during the year 20____.

2. Name of Fair Association: _____

3. Location of Fairgrounds: _____
(County) (Township) (City)

4. Dates of Fair: _____ to _____
(month) (day) (month) (day)

5. Proposed number of races to be offered with purses to be paid from this Fund _____.

6. Number of permanent horse stalls available _____.

7. Type or conditions of races to be offered. _____

AGE	SEX	DISTANCE	PURSE

8. Date entries close (48 hours): _____

9. Date(s) races to be offered: _____ Post time: _____

10. Person to whom entries are to be made: _____
(Name) (Title)

(address) (city, state, zip) (tel. # for phoned-in entries (area code included))

11. The _____ Fair Association hereby agrees to abide by and follow the RULES AND REGULATIONS of the Department of Agriculture for County Fair quarter horse races under the provisions of the Illinois Horse Racing Act of 1975.

12. Submitted by: _____
(Secretary of County Fair Association)

Address: _____
(street) (city, state, zip)

_____ Date: _____
(area code and telephone number)

Note: This application must be filed with the IL Department of Agriculture **on or before February 15** of the year of requested dates along with the attached track data form.

County Fair Associations shall not schedule or advertise Illinois Quarter Horse Conceived and Foaled races, purses to be paid by the State of Illinois under the provisions of the Illinois Horse Racing Act of 1975, until officially notified by the Department of Agriculture as to the allocation of funds and approval of the Illinois Conceived and Foaled races to be offered.

Mail To:

Illinois Department of Agriculture, Bureau of County Fairs and Horse Racing, P.O. Box 19281, Springfield, Illinois 62794

DATA ON TRACK FACILITIES

Name of Fair: _____

Location of Fairgrounds: _____
(county) (township) (city)

1. What type of racing will be offered during your fair? _____

2. What is the circumference of your track in terms of a mile or furlongs? _____

3. Type of soil? _____ Depth of "cushion" to be provided? _____

4. What process will be employed in conditioning the surfaces of the track for Illinois Conceived and Foaled horse racing? _____

5. Width of stretch turns? _____ Width of backstretch? _____

Length of homestretch? _____ Width of homestretch? _____

6. Is your track completely equipped with inside rails? _____

If completely equipped, state height and type of rail: _____

If partially equipped with inside rails, describe location of rails in relation to the track proper and the height and type of rail: _____

Are the inside rails hub or bumper type? _____

7. Is your track completely equipped with outside rails or fence? _____

If completely equipped, state type and height of rails or fence: _____

If partially equipped with outside rails, describe location of rails in relation to the track proper and the height and type of rail: _____

8. If your track is not completely equipped with inside rails and/or outside rails or fence, state what improvements will be made, if any, prior to the dates proposed for Illinois Conceived and Foaled races to be run at your county fair:

PLEASE NOTE: Application for funds for Illinois Conceived and Foaled races will not be considered by the Department of Agriculture unless this questionnaire has been completely executed and submitted along with the Application for Funds.

9. Submitted by: _____

(signature and title)

(street address)

(city, state, zip)

(area code and telephone number)