

VoAg/FFA Premium Report

Fair Type: _____

Section: _____

School: _____

Fair Dates: _____

Pro Rata Award:

School Name	# of X	Pro Rata Awarded	Budget Premium Awarded	Total Premiums

X

Section Manager Signature

X

Notary Public Signature & Seal

This report must be postmarked by 30 days after the fair end date. Failure to do so will result in a daily penalty of premium funds.

School Name:_____

Ag Ed Teacher & Title:_____

Payment Address:_____

Section:_____

EIN:_____

Exhibitor Name:

Entry #	Division Name	Class Name	Lot Name	Premium Awarded

Exhibitor Name:

Entry #	Division Name	Class Name	Lot Name	Premium Awarded

Exhibitor Name:

Entry #	Division Name	Class Name	Lot Name	Premium Awarded

Send reports to:

**Bureau of County Fairs and Horse Racing, Illinois Department of Agriculture, P.O. Box 19281, State Fairgrounds,
Springfield, IL. 62794-9281**