

STATE OF ILLINOIS
DEPARTMENT OF AGRICULTURE
COUNTY FAIR OFFICE

DEPARTMENTS "S" & "T"

 STANDARD BRED—THOROUGHBRED—QUARTER HORSE RACES
YEAR (Stakes—Overnights—Amateurs)

COUNTY _____ TOWN _____

County Fair wrote checks. (Please ✓ one box.)

Colt Association wrote checks (approved by IDOA's Bureau of County Fairs and Horse Racing).

DEPT. "S"

DEPT. "T"

Standardbred: _____ (Race Dates) Thoroughbred: _____ (Race Dates)

Quarter horse: _____ (Race Dates)

Eligible Claim Formula

1. TOTAL PREMIUMS PAID OUT IN FULL by COUNTY FAIR

(Regardless if total purses have been distributed or not.)

* Please show all figures on the left side of this box.

Department "S"

Department "T"

Standardbred: \$ _____
(Include March 15 payment & entry fees)

Thoroughbred: \$ _____
(Include entry fees)

Quarter Horse: \$ _____

2. TOTAL OF ALL BREEDERS FUND CONTRIBUTION

(Include ALL MONIES from ISBF, PARA 49, and FAIRMOUNT PARK.)

* Please show all figures on the left side of this box.

Department "S"

Department "T"

Standardbred: \$ _____

Thoroughbred: \$ _____

Quarter Horse: \$ _____

(Include ALL ADDED MONIES FROM ITBF and IQBF.)

3. GRAND TOTAL ELIGIBLE CLAIM(S)

SUBTRACT 2. FROM 1. TO HAVE THE GRAND TOTAL ELIGIBLE CLAIM

These TOTALS are to be reflected on the Premium Grand Summary Report.

Also, 30% Rule is figured on the TOTAL of these two (2) Departments, if applicable.

Department "S"

Department "T"

Standardbred: \$ _____

Thoroughbred: \$ _____

(County Fair contribution amt.) ↑

+ ↓ (County Fair contribution amt.)

Quarter Horse: \$ _____