

**Brown County Fair Commercial Space Reservation Contract
August 19-23, 2009**

Legal Name of Business _____

Contact Person: _____ Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (____) _____ Cellular Phone Number: (____) _____

Product(s) to be displayed/activities to be conducted (Please be specific) _____

Space Rental Information

Deposit: \$150.00 (refunded at close of fair, if all rules and regulations are followed)
Add \$50.00 if received after June 30, 2009..... \$ _____

Indoor Booth: 10 ft X 10 ft booth-\$150.00 (includes background, 1 table,
1 chair and 2 weekly exhibitor passes)
Add \$50.00 if received after June 30, 2009..... \$ _____

Outdoor Booth: \$150.00 (vendor provides tent/trailer, tables, chairs, etc.)
Up to a 20 ft X 10 ft area, including awnings. \$10.00 per foot for additional space
(includes 2 weekly passes)
Size of space needed (please be very accurate): _____
Add \$50.00 if received after June 30, 2009..... \$ _____

Electricity: \$40.00 --1 duplex receptacle (110 ONLY)..... \$ _____

Insurance: \$1 million liability coverage naming Brown County Fair as additional insured

Total Amount Due.....\$ _____

BOOTH RENTAL, ELECTRICITY AND INSURANCE FEES ARE NON-REFUNDABLE

Please read the 2009 Rules and Regulations carefully. If you are in agreement with all of the Rules and Regulations and would like to apply for a commercial exhibitor spot, please complete the contract. **Make a copy for your records before mailing the contract, payment of fees, and any other necessary forms by June 30, 2009. Your check should be made payable to: Brown County Fair Association.**

Mail all these items to: Brown County Fair Association
 Karen Gulbrand
 Commercial Exhibits & Food Vendor Coordinator
 2591 Lavender Lane
 Green Bay, WI 54313

Contract Signatures

By signing below, the vendor acknowledges that he/she has read and agrees with the Brown County Fair Association 2009 Rules and Regulations. The vendor agrees to abide by them and all other regulations of the city, county and state.

Vendor Name: _____ Date: _____

Commercial Exhibitor Coordinator: _____ Date: _____

For Office Use Only

Amount Received: _____ Date Received: _____ Check #: _____

Date Insurance Certificate Received: _____