

Pinal County Fair March 21-25, 2018

Commercial Space Application

P.O. Box 997 / Eloy, AZ 85131 / Office: 520-723-7881ext:407 Fax: 520-723-7889 Email vendors@fairexecutives.com

All vendors MUST circle the type of vendor space you are applying for to be considered	Inside Outside
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Important:	<i>Photo of your booth in operation MUST accompany application for consideration</i>
Liability Insurance	Liability Insurance: Proof of minimum one million dollar policy in the company's name with the "Pinal County, Central Arizona Fair Association, Fair Executives, their Officers, Officials, agents, employees and representatives" listed as additional insured required upon acceptance. Exact wording must be used!
Deposit	A minimum deposit of 30% will be required upon acceptance balance due by February 21, 2018

Company Name _____ Date _____

Contact Name _____

Phone _____ Cell Phone _____

Address _____

City _____ State _____ Zip _____

Email _____

	Electric Required at booth	Yes / No (circle one)	Must be completed for all applications	
	Volts _____	Amps _____		
Boot Rent	Inside 10 x 10	Open front only	\$200	\$ _____
	10 x 10	Corner	\$325	\$ _____
	10x20	Open front only	\$300	\$ _____
	10x20	Corner	\$350	\$ _____
	Outside 10x10	10' sell side	\$325	\$ _____
	10x20	10' sell side	\$425	\$ _____
	20x10	20' sell side	\$475	\$ _____
<i>call for other space sizes</i>				
Credentials and passes	Additional Admission Credentials (valid for one admission per day):			
	2 provided with space rent	Quantity _____	x	\$10 \$ _____
	Vehicle Parking Pass (minimum of one per booth required)			\$ _____ 10.00
	Additional parking passes	Quantity _____	x	\$10 _____
	Camping Water & Electric only	Nights _____	x	\$20 \$ _____
Service / Stock Truck	Each _____	x	\$30 \$ _____	
Golf Cart Pass	Each _____	x	\$50 \$ _____	
Insurance	All Vendors MUST have insurance. You may provide your own or purchase coverage through the event.			
	Provide your own insurance and proof of coverage check here	<input type="checkbox"/>		
	Purchase the required insurance from us check here	<input type="checkbox"/>		\$95 \$ _____

Total Fee \$ _____

Signature _____ **MINIMUM 30% DEPOSIT DUE UPON ACCEPTANCE**

You Must complete both sides of application **BALANCE DUE BY February 21, 2018**

Deposit Rec / Rec # _____ Date Insurance Received _____

