



# Shasta District Fair

Contract#	_____
Location	_____
Amount	_____

## 2010 APPLICATION FOR EXHIBIT SPACE

### Fair's No Place Like Home!

June 16-20, 2010

(530) 378-6789 (PH) (530) 378-6788 (FAX) Email: [exhibits@shastadistrictfair.com](mailto:exhibits@shastadistrictfair.com)

*Please Print*

Business Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City & State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Cell: \_\_\_\_\_ FAX: \_\_\_\_\_

Email: \_\_\_\_\_

#### LIST OF FAIRS WHERE YOU HAVE EXHIBITED

_____	_____
_____	_____
_____	_____

#### PLEASE PROVIDE A DETAILED LIST OF ITEMS TO BE DISPLAYED OR SOLD

Exhibitor must list all items for consideration-items not listed will not be allowed without prior approval from Fair management.

**ATTACH ADDITIONAL PAGES AS NECESSARY**

_____
_____
_____
_____
_____

*Enclose a photo or brochure of booth set-up and products/services if one is not on file.*

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## DO YOU PLAN TO:

Give away product or food samples? If so, what? \_\_\_\_\_

Use sound devices? (P.A. System, etc.) \_\_\_\_\_

Conduct a drawing? (Name method & prizes) \_\_\_\_\_

What electrical devices do you plan to plug in? \_\_\_\_\_

## All Vendors selling products must provide a Resale License number

STATE RESALE # \_\_\_\_\_

## EXHIBIT SPACE DESIRED

*Please indicate your 1st, 2nd, and 3rd choice for exhibit space by writing the space number on the appropriate line*

<b>SHASTA HALL</b>	_____	_____	_____
Choice	1st	2nd	3rd
<b>LASSEN HALL</b>	_____	_____	_____
Choice	1st	2nd	3rd

**OUTDOORS EXHIBIT SPACE** (Limited) \_\_\_\_\_

**Do you prefer?**

**Double Corner** \_\_\_\_\_ **Corner+ inline** \_\_\_\_\_ **Corner** \_\_\_\_\_ **Inline** \_\_\_\_\_

**Size of space you are requesting** \_\_\_\_\_  
*(Spaces sold in 10 x 10 increments)*

I agree to abide by the rules and regulations stipulated in the Exhibitor's Rules and Regulations. I understand this is not a commitment by the applicant nor is it an offer of space by the Shasta District Fair.

\_\_\_\_\_  
**Authorized SIGNATURE**                      **Please Print Name**                      **Title**

Please return this application to:

**Exhibits Coordinator  
Shasta District Fair  
1890 Briggs Street  
Anderson, CA 96007  
Or FAX 530-378-6788**

***Please Note:*** applications must have photos, brochures or illustrations of booth set-up to be considered