

ADDISON COUNTY FAIR & FIELD DAYS, INC. EXHIBITOR APPLICATION AND CONTRACT

August 11th-15th, 2020

Mailing Address & Field Days Site Address

1790 Field Days Road Vergennes, VT 05491 Phone: 802-545-2557 Fax: 802-329-2113 www.addisoncountyfielddays.com

Name of Company:					
Representative Name:		Telephone:			
Address:		Town:	State:	Zip:	
Products/services to be e	xhibited(must list all):				
 To provide Addison County Addison County Fair & Fie All exhibitors must be in pl. Exhibitor camping will be a Addison County Fair & Fie All exhibitors will receive to purchased at special rates 	les and Regulations(see enclory Fair & Field Days, Inc. with a ld Days as an additionally insurace by 8:00 pm on Monday an allowed in certain areas only, b ld Days, Inc. may revoke this a wo(2) season passes and two((see fee schedule below). ield Days board after August 1 inteed. without a non-refundable deporeceived by May 1st to get the	osed). I certificate of liability insurations of the period of Mondad remain in place until 9:00 y prior arrangement. I agreement at any time if the 2) parking passes for each osit of at least 20% of total	ay before the fair to the part of the part of	e Sunday after the fair. condition of this contract ditional passes may be	
5 Da	Outdoor(25'd x 17'6"w) bef ays-Building(10' x 10') bef	fore May 1, 2020: \$275 fore May 1, 2020: \$330 DEPOSIT ON ALL BUI	after May 1, 2020: after May 1, 2020: LDING EXHIBITS	\$300 \$ \$355 \$ \$100 \$	
YOUR EXHIBIT IS FULLY INTACT					
	ust be done by our electriciendand electricity sufficient(langs needed - electrical char	NO EXTRA CHARGE).	additional charge.	\$	
# c	without payment in advand if nights at \$35.00 or \$150.0 mping within vendor space	00 for duration	camper reservation	form. \$ \$	
	rtificate enclosed or will furned to Addison County Fair &			\$	
SPONSORSHIP:Go	ld/ Silver /Bronze or Friends	s of Field Days Sponsor	(see sheet)	\$	
EXTRA PASSES:Nu	mber of extra day passes(u	ip to 20 @ \$8.00 each)		\$	
			TOTAL D	OUE \$	
Exhibitor's Signature:			Date:_	Date:	
PLEASE RETURN	BOTH COPIES OF THIS CONTRA	ACT, ONE COPY WILL BE R	ETURNED TO YOU UPC	N APPROVAL.	
ACFFD Representative:		Date Approved:	Denie	ed:	
Amount Paid:			d:		

Building Deposit Paid:______ Building Deposit Due:___