

Cannon Valley Fair

PO Box 384
Cannon Falls, MN 55009
507-263-3548

Outside Non-Food Space Rental Request 2018

Fair Dates: July 1st – July 4th, 2018

PLEASE PRINT

DATE _____ TELEPHONE _____

NAME OF PERSON MAKING REQUEST _____

EMAIL ADDRESS: _____

NAME OF BUSINESS _____

STREET ADDRESS _____ PO Box _____

CITY _____ STATE _____ ZIP CODE _____

LIST ALL PRODUCT(S) TO BE SOLD OR DISPLAYED: _____

IMPORTANT: Please include your payment, a certificate of insurance naming CVF as additional insured and the Sales Tax Form ST-19 with this request form. Return completed forms to:
Cannon Valley Fair, PO Box 384, Cannon Falls, MN 55009

To reserve space, CONTRACT AND PAYMENT DUE BY MARCH 1, 2018

One Space (Max width 15-20 Feet) with 110 V Electric X \$75.00 \$ _____

One Space (Max width 15-20 Feet) without electric X \$50.00 \$ _____

Additional gate passes needed # _____ X \$10.00 each \$ _____

For a 30 sec broadcast ad during the fair (see website for form) \$10.00/ad \$ _____

Contract completion deposit (refunded if booth intact at 9 pm on July 4th) \$ 50.00

Total Enclosed \$ _____

TYPE OF STAND: TENT VAN TRAILER MOTORHOME OTHER SIZE: _____

Space is along main pedestrian traffic lanes and about 20 feet deep. 120 volt outlets are available.

Be sure to include space for tent stakes, spare tires attached to vehicle, space or doors to open, awnings, hitches, maneuvering, etc. The price is for all four days of the fair. **Two fair passes will be included with each rental space.**

Additional passes can be purchased at the fair office for \$10.00 each.

The sheet of rules and explanations attached to this form are part of this contract. The CVF board reserves the right to refuse to accept any exhibitor who, in their judgment, does not meet the standard of the CVF. I, the undersigned agree to indemnify and hold harmless the Cannon Valley Fair Association, the Cannon Falls Fair Board and any and all persons connected with this event for any and all liability claims and damages arising from use of the assigned rented space.

Vendor's Signature _____ Date _____

For Office Use Only: Date Paid _____ Check Number _____ Confirmation Sent _____

Forms Complete _____