

Commercial Exhibitor Contract

Owen Sound Fall Fair 2016

September 8, 9, 10

Business Name:		Contact:	
Email:		Telephone: () -	
Address:			

Booth Requirements (Prices do not include HST)

Food Vendor – Full Menu	\$525.00	<input checked="" type="radio"/>	\$ _____	Other Booth size	(please indicate & call for pricing)
Extra Weekend Passes (# requested _____ x \$25)	\$25.00 ea		\$ _____	8' table (# requested _____ x \$5)	\$ 5.00 ea \$ _____
Indoor 6 x 10'	\$ 89.25	<input checked="" type="radio"/>	\$ _____	Outdoor 10 x 10'	\$ 99.75 <input checked="" type="radio"/> \$ _____
Indoor 10 x 10'	\$115.50	<input checked="" type="radio"/>	\$ _____	Outdoor 10 x 20'	\$168.00 <input checked="" type="radio"/> \$ _____
Hydro (maximum 2 outlets per booth)	\$ 20.00	<input checked="" type="radio"/>	\$ _____	Hydro – Food Vendor (maximum 2 outlets per booth)	\$ 50.00 <input checked="" type="radio"/> \$ _____

Total of Column 1 \$ _____	Total of Column 2 \$ _____
	Total of Column 1 \$ _____
(13%) HST \$ _____	
Total due \$ _____	

Send All Documents to: Owen Sound Agricultural Society
 PO Box 1136
 Owen Sound, ON N4K 6K6

Please indicate if you will have a sound system () Yes () No
 If yes, please indicate what type of display _____

We will try to meet your needs when assigning your booth requests (given the number of exhibitors).

To Confirm space, post-dated cheque payable to the “Owen Sound Agricultural Society,” dated for August 1, 2016 is due upon booking unless other arrangements have been made. No refunds available upon receipt.

Vendor is required to ensure all staff have passes prior to entry. (2) Weekend passes are included with each rental. Passes are available upon arrival for set up.

A copy of vendor’s liability insurance, with at least \$2 million dollar liability coverage, must be provided naming “Owen Sound Agricultural Society” as an additional insurer and is required received by August 15th, 2016.

I have read and agree to the terms of “exhibitor” participation as stated in the above agreements.

Signature _____

Date _____