

# Commercial Exhibitor Contract

## Owen Sound Fall Fair 2018

September 6, 7, 8

owensoundfallfair@outlook.com

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

### Booth Requirements (Prices do not include HST)

Food Vendor – Full Menu    \$525.00        \$ \_\_\_\_\_      Other Booth size    (please indicate & call for pricing)

Extra Weekend Passes    \$25.00 ea    \$ \_\_\_\_\_  
 (# requested \_\_\_\_\_ x \$25)

Outdoor 10 x 10'    \$ 99.75        \$ \_\_\_\_\_  
 Outdoor 10 x 20'    \$168.00        \$ \_\_\_\_\_

Hydro - Food Vendor    \$ 50.00        \$ \_\_\_\_\_  
 (maximum 2 outlets per booth)

Hydro – Booth    \$ 20.00        \$ \_\_\_\_\_  
 (maximum 2 outlets per booth)

<b>Total of Column 1</b> \$ _____	<b>Total of Column 2</b> \$ _____
<b>Total of Column 1</b> \$ _____	<b>Total of Column 1</b> \$ _____
	( 13% ) HST    \$ _____
	<b>Total due</b> \$ _____

**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

Description of what you are selling: \_\_\_\_\_

**All Food Vendors must submit their complete menu before approval will be granted.**

**To Confirm space, post-dated cheque payable to the "Owen Sound Agricultural Society," dated for August 1, 2018 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 must be received by August 15<sup>th</sup>, 2018.**

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

Office Use only:    Contract (     )    Post-dated cheque (     )    Liability Insurance (     )