

Brown County Fair Commercial Space Reservation Contract
August 14–18, 2019

Legal Name of Business _____

Contact Person: _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (____) _____ Cellular Phone Number: (____) _____

Product(s) to be displayed/activities to be conducted (Please be specific)

Space Rental Information

Deposit (\$200.00) \$ _____

Indoor Booth: 10 ft. X 10 ft. booth-\$200.00 (includes background, 1 table
2 chairs and 2 weekly exhibitor passes)

Additional booth charge will be \$150.00 each

Total number of booths: _____

Total \$ _____

Outdoor Booth: \$200.00 (vendor provides tent/trailer, tables, chairs, etc.)

Up to a 20 ft. X 10 ft. area, including awnings.

\$10.00 per foot for additional space

(Includes 2 weekly passes)

Size of space needed (please be very accurate): _____

Total \$ _____

Electricity: \$50.00 --1 duplex receptacle (110 ONLY)..... \$ _____

(Please refer to Electricity Section in the Rules and Regulations)

Total Amount Due.....\$ _____

BOOTH RENTAL, AND ELECTRICITY FEES ARE NON-REFUNDABLE

Please read the 2019 Rules and Regulations carefully. If you are in agreement with all of the Rules and Regulations and would like to apply for a commercial exhibitor spot, please complete the contract. **Make a copy for your records before mailing the contract, payment of fees, and any other necessary forms. Your check should be made payable to: Brown County Fair Association, Inc.**

Mail all these items to:
Brown County Fair Association, Inc.
P.O. Box 472, De Pere, Wi 54115
E-mail: vickievandeurzen@browncountyfair.com
Vickie Van Deurzen
Commercial Exhibits & Food Vendor Coordinator

Contract Signatures

By signing below, the vendor acknowledges that he/she has read and agrees with the Brown County Fair Association, Inc. 2019 Rules and Regulations. The vendor agrees to abide by them and all other regulations of the city, county and state.

Vendor Name: _____ Date: _____

Brown County Fair Commercial Exhibitor Coordinator: _____

Date: _____

For Office Use Only

Amount Received: _____ Date Received: _____ Check #: _____

Date Insurance Certificate Received: _____

Revised 2019