

**Brown County Fair Commercial Space Reservation Contract  
August 16–20, 2017**

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**

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

**Add \$50.00 if received after April 30, 2017.....**

\$ \_\_\_\_\_

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): \_\_\_\_\_

**Add \$50.00 if received after April 30, 2017.....**

\$ \_\_\_\_\_

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 2017 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 by April 30, 2017.** Your check should

**be made payable to: Brown County Fair Association.**

Mail all these items to: \_\_\_\_\_ Brown County Fair Association

Vickie  
vickievandeurzen@browncountyfair.com

Van

Deurzen

E-mail:

Commercial Exhibits & Food Vendor Coordinator  
P.O. Box 472, De Pere, WI 54115

**Contract Signatures**

By signing below, the vendor acknowledges that he/she has read and agrees with the Brown County Fair Association 2017

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 1/2017