WARREN COUNTY FAIR ASSOCIATION

Visit our website at www.warrencountyfair.com

P.O. Box 1555, Front Royal, Virginia 22630
Phone: 540-635-5827 Fax: 540-635-3701
E-mail: wcfair@comcas.net

This agreement is between the Warren County Fair Association (hereafter the Association) and any/all business, group, organization, or individual (hereafter Exhibitor) requesting the use of space in the Wonder Building Trade Show during the Warren County fair being held from Monday, August 6 to Saturday, August 11, 2012.

The agreed amount of payment to the Association by Exhibitor will be $175.00 per space. The Exhibitor must provide their display materials (i.e. chairs, table, etc.). The space includes drapes with an 8ft back and two three ft. sides. A sign with Exhibitors name will be supplied at no additional cost, unless exhibitor brings their own sign. If you require electric please indicate below and bring commercial extension cord at least 15ft.

The Association will make every effort to provide a secure building for Exhibitor, however, the Association will not be responsible for any loss or damage to Exhibitor's person or property. The Association retains the right to refuse any business, organization, group or individual at its discretion.

Two wristbands will be provided to Exhibitor (2 per Exhibitor not per space). These are good during the week of the Fair only. Additional wristbands are available at a discount of $15.00 each for the first 4 and then at the regular price of $25.00 each. Everyone must have a wristband to enter the fairgrounds or purchase at the gate. NO EXCEPTIONS

A deposit of $75.00 is required with this agreement. If your application is accepted you will receive an acknowledgement letter with any further information needed. ALL DEPOSITSD WILL BE FORFEITED (FOR ANY REASON) IF EXHIBITOR CANCELLS OR TERMINATES THIS AGREEMENT WITHIN TWENTY (20) DAYS PRIOR TO FAIR OPENING DATE.

COMPLETED AND SIGNED AGREEMENT AND DEPOSIT MUST BE RECEIVED IN THE FAIR OFFICE NO LATER THAN JULY 25th, 2012

Description of Exhibit: _____

Print name as you want it to appear on sign (one line only) _____

_____Check here if you have own sign _____Number of spaces _____ Electric _____ Additional wristband

_____ _____ _____
Business/organization Name Phone Contact Name

_____ _____ _____ _____
Address City State Zip

_____ _____ _____
Authorized Signature Title (print) Date

_____ _____ _____
Association Signature Title (print) Date