

Pinal County Fair March 20-24, 2019

COMMERCIAL SPACE APPLICATION

512 S. Eleven Mile Corner RD. Casa Grande AZ. 85194 | Office: 520-723-7881 | Fax: 520-723-7889

All vendors MUST circle the type of vendor space you are applying for to be considered	Inside Outside
Submit	<i>Photo of your booth in operation MUST accompany application for consideration</i>
Liability Insurance	Liability Insurance: Proof of minimum one million dollar policy in the company's name with the "Pinal County, Central Arizona Fair Association, Fair Executives, their Officers, Officials, agents, employees and representatives" listed as additional insured required upon acceptance. Exact wording must be used!
Deposit	A minimum deposit of \$100 will be required upon acceptance - balance due by February 20, 2019

Company Name _____ Date _____

Contact Name _____

Phone _____ Cell Phone _____

Address _____

City _____ State _____ Zip _____

Email _____

Electric	Electric Required at booth	Yes / No (circle one)	Must be completed for all applications	
	Volts _____	Amps _____		
Booth Rent	Inside 10 x 10	Open front only	\$200	\$ _____
	10 x 10	Corner	\$325	\$ _____
	10x20	Open front only	\$300	\$ _____
	10x20	Corner	\$350	\$ _____
	Outside 10x10	10' sell side	\$325	\$ _____
	10x20	10' sell side	\$425	\$ _____
	20x10	20' sell side	\$475	\$ _____
	<i>call for other space sizes</i>			
Credentials and passes	Additional Admission Credentials (valid for one admission per day):			
	2 provided with space rent	Quantity _____	x	\$10 \$ _____
	Vehicle Parking Pass (minimum of one per booth required)			\$ _____ 10.00
	Additional parking passes	Quantity _____	x	\$10 _____
	Camping Water & Electric only	Nights _____	x	\$25 \$ _____
	Service / Stock Truck	Each _____	x	\$30 \$ _____
	Golf Cart Pass	Each _____	x	\$50 \$ _____
Insurance	All Vendors MUST have insurance. You may provide your own or purchase coverage through the event.			
	Provide your own insurance and proof of coverage check here	<input type="checkbox"/>		
	Purchase the required insurance from us check here	<input type="checkbox"/>		\$120 \$ _____

Total Fee \$ _____

Signature _____ MINIMUM \$100 DEPOSIT DUE UPON ACCEPTANCE BY
You Must complete both sides of application February 20, 2019

Deposit Rec / Rec # _____ Date Insurance Received _____

Email: vendors@fairexecutives.com

