

Get Prepped Expo & Gun Show December 10-11, 2022

COMMERCIAL SPACE APPLICATION - Due on or before, November 11, 2022

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

| | | |
|---|---|-------------------------------|
| Photo of your booth in operation MUST accompany application for consideration. APPLICATION DUE: 11/11/22 | | All Booths are OUTSIDE |
| Deposit | \$100 Non-refundable deposit due at time of application acceptance. Full payment Due by November 25, 2022 | |
| 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! | |

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 | | |
| Boot Rent | Outside 10x10 | 10' sell side | \$150 | \$ _____ |
| | 10x20 | 10' sell side | \$200 | \$ _____ |
| | 20x10 | 20' sell side | \$275 | \$ _____ |
| | <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 | Nights _____ | x | \$25 \$ _____ |
| | Water & Electric only | | | |
| | 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. | | | |
| | I will provide my own insurance and proof of coverage | | <input type="checkbox"/> | |
| | I will purchase the required insurance from CAFA | | <input type="checkbox"/> | \$120 \$ _____ |

Total Fee \$ _____

Signature _____

You must complete both sides of application

Deposit Rec / Rec # _____

Date Insurance Received _____

