Clearwater County Fair, Bagley, Minnesota

August 4 – August 8, 2021 \$150.00 for each Booth Indoor Space Rental Contract

Exhibit	or:
Contac	t Person: Phone #:
Addres	S:
City:	State: Zip Code:
	Rental fee: Inside Booth\$150.00
	Number of booths rented
	Total Due\$
	Make Checks Payable to: Clearwater County Agricultural Society SEND TO: Amy Kent, 15821 310 th St, Bagley, MN 56621
Space I	Reservation must be returned with payment by June 20, 2021 in order to be guaranteed space. After
that da	te the space will be made available to other exhibitors.
E-MAI	L ADDRESS: clearwatercuntyfair@gmail.com
	Exhibitor Rules
The fol	lowing rules govern the use of rented exhibit space:
1.	No exhibitor will be permitted to distribute or display any advertising materials anywhere on the grounds
	outside their properly rented space.
2.	Exhibitors the Hockey Arena will be well marked for your convenience so you are not required to check
	into the office before setting up.
3.	The fair board reserves the right to amend these rules if in its judgment is it deemed advisable.
4.	We request that booths stay assembled until 8:00 p.m. on Sunday evening.
5 .	Renters are responsible for their own tables, chairs, backdrops, decorating paper, etc. Every effort will
	be made by the association to provide adequate lighting and electrical outlets.
6.	The association will take every precaution in its power for the protection of exhibits but cannot be
	responsible for any loss or damage that may occur in the delivery, exhibition, or removal of exhibits.
7.	Set up day is Tuesday, August 3 or the morning of Wednesday, August 4. Tear down is 8:00pm Sunday,
	NO SOONER. If you leave earlier then 8pm, you will not be allowed to return the following year.
8.	Commercial Building hours:
	a. Wednesday – Saturday 10:45 am – 9:30 pm (open to public 11:00am to 9:00pm)
	b. Sunday 11:45 pm – 9:00 pm (open to public 12:00pm to 8:00pm)
9.	Return a copy of this signed rental agreement with your payment an Operator Certificate of Compliance
	form and copy of Liability Insurance
Signatu	re: Date:
Office U	se only:

Forms: \square Operator Certificate of Compliance

☐ Liability Insurance

Paid: Cash

☐ Check #:___