

Clearwater County Fair, Bagley, Minnesota

August 3–August 7, 2022
\$150.00 for each Booth
Indoor Space Rental Contract

Exhibitor: _____

Contact Person: _____ Phone #: _____

Address: _____

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: Jenell Strandberg, 12901 460th Street, Gonvick, MN 56644

Space Reservation must be returned with payment by **June 20, 2022** in order to be guaranteed space. After that date the space will be made available to other exhibitors.
E-MAIL ADDRESS: clearwatercountyfair@gmail.com

Exhibitor Rules

The following 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. **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.**
5. 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.
6. Set up day is Tuesday, August 2nd or the morning of Wednesday, August 3rd. Tear down is 8:00pm Sunday, August 7th. **NO SOONER**. If you leave earlier then 8pm, you will not be allowed to return the following year.
7. Commercial Building hours:
 - a. Wednesday–Saturday 10:45am –9:30 pm(open to public 11:00am to 9:00pm)
 - b. Sunday 11:45pm –9:00 pm (open to public 12:00pm to 8:00pm)
8. Return a copy of this signed rental agreement with your payment an Operator Certificate of Compliance form and copy of Liability Insurance

Signature: _____ Date: _____

Office Use Only:

Paid: Cash Check #: _____ Forms: Operator Certificate of Compliance Liability Insurance