

Signature

baycountyfair@yahoo.com www.baycountyfair.com 989-895-3744 800 Livingston Street P.O. Box 633 Bay City, MI 48707-633

## CRAFT/TACK SALE VENDOR APPLICATION

Business and/or Individual Name:				
Type of Merchandise or Exhibit:				
Contact Person:	Phone: ()	)		
E-Mail:	Cell: ()_	<del>-</del>		
Address:				
City:	, State:Zip	):		
Available Space(s) Inside – 8 x 6 space	<b>Qty</b> \$20.00	<b>Rate</b> \$	Total	
<ol> <li>All applications are on a first-come All payments are non-refundable.</li> <li>Set up will begin at 8:30 am. All ve trade or sell merchandise on the prer</li> <li>Liability – The Bay County Fair and employees, and any person connecte for any claims, costs, expenses or ca of any kind. The terms of this provi It is your responsibility to provide re</li> <li>1 table and 2 chairs per space will be \$5.00 per table.</li> <li>Please submit application and payme Bay County Fair &amp; Youth Exposit</li> <li>Questions? Please contact Melissa at 989-415-csr@mediablitzinc.com.</li> </ol>	endors must be ready by mises prior to the 10:00 Youth Exposition, their ed with them, shall be he causes of actions of any ty sion shall survive the tereceipts as proof of purche included in the \$20.00 ent to:	10:00 am. No am opening. r board, officered harmless and ppe for any loss rmination or exase for merchal cost. If additional additional cost. If additional cost. Will also cost.	vendors will be allowed, members and deshall not be held list, theft, injury, or dan piration of this contradise sold.	able nages ract.

Date