

Date of Application: _

2018 Booth Space Application Form

Norfolk County Fair & Horse Show Dates: October 2nd to 8th, 2018 172 South Drive Simcoe, Ontario N3Y 1G6

Contact: Jessica Vanderschee , Exhibitor Coordinator admin@norfolkcountyfair.com

Exhibitor's Contact Information

Lambitor 9 Co	
Company Name:	
Contact Name:Co	ontact Email:
Mailing address:	
Contact Phone Number:	Alternate Number:
Booth I	Information
Commercial Exhibitor Food Concession (Please include a photograph of your exhibit when submitting the application)	
ocation preference:IndoorOutdoor (Note: Location of your booth will be determined by Management)	
Size of Space Required (Minimum Space is 10ft x 10ft)	
Outdoor Food Concession Space Info	ormation—Please Complete the Following
Description (Trailer, truck, roll off, etc.):	
ength & Depth of Concession (including trailer tongues, awnings, hito	ches, window opening etc.) :
(Please be exact when showing dimensions on a diagram/p	/photo showing location of hitch, sales counter & opened awnings)
Jtility Requirements: Hydro:YESNO Voltage:	_ Phase: Amps: Water:YESNO
Product Information	
all menu items. If a contract is issues, it will be assigned on basis of taging the same of the same o	s prizes in your booth. Food Concessions: please provide a complete list of this list. The following products are prohibited from distribution during the Norfolk County roved, Laser guns, Pointer guns, Potato guns, Marshmallow guns, products depicting images or es/guns, masks (anything that cover the face) and any items that are deemed inappropriate by
out prior approval from the Norfolk County Agricultural Society Board of Directors. Free	
commitment by the applicant, nor an offer by the NCAS. I certify that all information	Exhibits. I understand that this application is a request to rent exhibit space, and neither a n contained in this application to be true and accurate (INT) The policy of the Fair is that e space allocations complete for our previous years exhibitors until late May or early June. If stacted. NO PAYMENT IS DUE AT THIS TIME.
Please provide a least two references and include the event no	ame, year(s) attended, contact name, contact phone number & email
Signature of Authorizing Officer:	NCAS ONLY
Print Name:	Approved: Date:

Location: