

GALVESTON COUNTY FAIR & RODEO, INC.

P.O. BOX 889
SANTA FE, TEXAS 77510
PHONE: (409) 986-6010/FAX: (409) 986-6490

www.galvestoncountyfair.com

COMMERCIAL EXHIBITS CONTRACT – NON-FOOD VENDOR APRIL 13 – APRIL 21, 2018

Business Name: _____ Contact Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

E-Mail Address: _____

Tax ID/SSN# _____ Phone: _____

SPACE

Please indicate which of the following types of space for which you are applying. **Include the tongue, etc when selecting your space size.**

_____ 20' x 20' Approximately Outside space @ \$400.00 per space for entire Fair

_____ 10' x 10' Approximately Outside space @ \$300.00 per space for entire Fair

_____ 10' x 10' Approximately Inside space @ \$500.00 per space for entire Fair

**** Make sure you read #22 in your 2018 Rules and Regulations**

_____ Other: _____

ELECTRICAL – One (1) 110v plug outlet is provided with each 10'x10' space. One (1) plug or one (1) 220v breaker provided with each 20'x20' space. Must provide your own extension cord.

Please indicate your electrical needs. _____ 110v with 15 amp max _____ extra 110v/\$50 per plug
Choose one - 110v OR 220v _____ 220v with 60 amp max _____ extra 220v/\$75 per breaker
If both are chosen, You will be _____ available upon request (outside 20' x 20' space only)
Charged for the 220v (\$75 per breaker) _____ Special/Additional needs: _____

ITEMS TO BE SOLD OR GIVEN AWAY -

*Please list **all** items to be sold or given away. If you have an informational booth, please indicate that in this space:

<u>RECAP OF FEES:</u> Space Fee	\$ _____
Intent Deposit (Paid after previous Fair)	\$ - _____
\$25.00 each add'l badge	\$ _____
Charges for Additional Electrical (see above)	\$ _____
\$70.00 Insurance	\$ _____
Remit Payment TOTAL ENCLOSED	\$ _____

ALL FEES ARE NON-REFUNDABLE

FOR OFFICE USE ONLY

Credit Card Information: VISA or MC # _____ Exp ____/____ 3 Digit Sec # _____

ACKNOWLEDGMENT

I/We, the undersigned, make application for commercial exhibit space at the 2018 Galveston County Fair & Rodeo. I/We have read and understand the Rules and Regulations, and agree to abide by the terms, conditions and provisions expressed therein.

Signature of Lessee _____ Date _____

Signature of Fair Representative _____ Date _____

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COMMERCIAL EXHIBITOR INSURANCE COMMITMENT

All exhibitors must complete this form and return to the Fair Office with completed Contract. NO EXCEPTIONS!!! Commercial Exhibitors at the 2018 Galveston County Fair & Rodeo, Inc. shall carry liability insurance, including product liability coverage. If you do not have liability insurance, the Galveston County Fair & Rodeo, Inc., can obtain insurance for you. The fee for the insurance is \$70.00 and will cover Lessee(s) for the full nine (9) days of the Fair.

PRINT CLEARLY, COMPLETE ALL INFORMATION & SIGN THIS FORM WILL BE RETURNED IF NOT COMPLETE

Exhibitor's Name: _____

Business Name: _____

Mailing Address: _____
Street/PO Box City, State Zip

E-Mail Address: _____

Phone(s): _____ Fed. Tax I.D. Number/SSN: _____

Type of business (product or service): _____

CHECK ONE:

_____ I agree to obtain liability insurance offered by the Galveston County Fair & Rodeo, Inc. for my commercial exhibit space at the 2018 Galveston County Fair. I understand that the insurance company may decline to provide coverage for any reason and additional charges may apply. I have enclosed my money order or cashier's check including the amount of \$70.00, made payable to GCF&R, Inc. I further understand liability insurance coverage is mandatory to participate in the Galveston County Fair.

_____ I will submit proof of insurance, including product liability coverage, in the form of a Certificate of Liability Insurance naming the **Galveston County Fair & Rodeo, Inc., County of Galveston, Galveston County Parks & Senior Services Dept. & Galveston County Commissioners Court** as an additional insured in the amount of at least \$1,000,000. I also agree to supply the certificate of insurance, or in the alternative, by **February 15, 2018**. I understand liability insurance coverage is mandatory to participate in the Galveston County Fair.

Signature

Date

FOR OFFICE USE ONLY

Date Received: _____

Need Insurance? Y or N

Comments: _____