

# Clearwater County Fair, Bagley, Minnesota

July 31 – August 4, 2019

\$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: Amy Kent, 15821 310<sup>th</sup> St, Bagley, MN 56621*

Space Reservation must be returned with payment by June 15, 2019 in order to be guaranteed space. After that date the space will be made available to other exhibitors.

**E-MAIL ADDRESS:** [aljk@gvtel.com](mailto:aljk@gvtel.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. 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, July 30**, the building will be open all day. Tear down 8:00pm Sunday, August 4, **NO** sooner.
8. Commercial Building hours:
  - a. Thursday – Saturday 10:00 am – 10:00 pm
  - b. Sunday 12:00 pm – 8:00 pm
9. **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