34th DISTRICT AGRICULTURAL ASSOCIATION
Sponsored by the MODOC HERITAGE FOUNDATION
1 Center St., PO BOX 295, CEDARVILLE, CA 96104
Fair Office Phone (530) 279-2315
Melinda's Cell (530) 569-0114
Web Page:www.modocheritagefoundation.org/
e-mail: mdfconcessions@gmail.com

EXHIBITORS DECLARATION OF INTENT

YES, I plan to participate in the 2025 Modoc District Fair, *August 21, 22, 23, 23, & 24*. I agree my declaration of intent, deposit and insurance must be returned by the deadline**,** or I may **NOT** be considered for a space**.** I agree that my booth will be set up no later than **5:00 PM on Thursday** and **REMAIN IN PLACE THROUGH SUNDAY UNTIL 5:00 P.M**. Please return this LOI to the address above.

PLEASE CHECK SPACE REQUIREMENT

VENDOR: **DUE: MAY. 1, 2025**

Please make checks payable to: Modoc Heritage Foundation (tax exempt ID # upon request)

- Inside space: **√ which size**
  - ☐ Standard space 10'x 10' **$50.00**
  - ☐ Larger space 10' x 20' **$75.00**
- Outside space:
  - ☐ Standard space 10'x 10' **$150.00**
  - ☐ Larger space 10' x 20' **$200.00**
  - ☐ Extra-large space 10'x 30' **$250.00**
  - ☐ XXL space 10'x 40' **$300.00**

DETAILED List of what you are selling/promoting :**_____
**You are not authorized to sell products not included in this list. (Attach List and Prices)
_____
_____

LIST ELECTRICAL REQUESTS_____

RV SPACE FOR CAMPING DURING FAIR
____ # of RV SPACES NEEDED, ____ $60/space needed, ____ $120 Electrical & water hook up. Price/space for duration of fair.

SERVICE TRAILER SPECIFICATIONS (measurements of trailer, awning, etc.)_____
Side Serve_____ End Serve_____

Please note: the attached Statement of Insurance Requirements for the mandatory $1,000,000.00 liability coverage. We will need a Certificate of Insurance from your Insurance Company in compliance with attached requirements, or you may purchase Special Events Insurance through the fair for $150.00, (duration of fair). Please bring a cashiers check or money order made out to CFSA (they do not accept personal checks). If you plan on providing your own insurance, please have your insurance company name both the ***34th District Agricultural Association*** as well as the ***Modoc Heritage Foundation*** as the "Certificate Holder" with the above physical address for the Fair.

Check One:
☐ Will Purchase Special Events Insurance, ☐ Will provide Insurance Certificate, ☐ CFSA# _____

PLEASE PRINT

_____
NAME OF ORGANIZATION CONTACT PERSON PHONE # FAX #

_____
*CA SELLER'S PERMIT NUMBER (Required by ALL selling spaces)

_____
MAILING ADDRESS CITY STATE ZIP EMAIL ADDRESS

_____
SIGNATURE: DATE: