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 2026 Modoc District Fair, *August 27, 28, 29 & 30*. 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, 2026**

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 submit payment for the $150.00 payable to "**MHF**". 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: