

# Hudsonville Fair

Hudsonville Fair: PO Box 189, Hudsonville MI 49426

Phone: 616.669-1630

APPLICATION FOR COMMERCIAL DISPLAY SPACE

## PLEASE PRINT ALL INFORMATION

Name of Organization/Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

### **PRODUCT:**

Complete list of products and/or services to be sold or demonstrated. No additional services or items can be sold if they are not listed:

\_\_\_\_\_  
-  
\_\_\_\_\_  
-

**PRODUCT GIVE-AWAYS/DRAWING/FOOD SAMPLES:**       Yes       No

Please list product giveaways or food samples:

\_\_\_\_\_  
-  
\_\_\_\_\_  
-

**SOUND DEVICES:**       Yes       No

Please describe sound devices you plan to use: \_\_\_\_\_

\_\_\_\_\_  
-

### **INSURANCE:**

You must provide your own liability insurance certificate listing the Hudsonville Fair as the certificate holder.

enclosed       will be provided by August 1

**PAYMENT:** (\$150/booth space, Full Fee is required to reserve your space)

Requested booth size and quantity: 6 x 8 booth x \_\_\_\_\_ or 10 x 10 booth x \_\_\_\_\_.

Each booth comes with up to 1 table and 2 chairs. Please confirm # of tables \_\_\_\_\_ and chairs \_\_\_\_\_ that you would like in your booth space.

By signing below, the exhibitor acknowledges that they have received, reviewed, and agreed to abide by all rules, regulations, and policies outlined in the Hudsonville Community Fair Commercial Exhibitor Handbook.

An office cancellation fee of \$25 will apply if cancellation is made before May 1 of the fair year. A \$50 fee applies for cancellations between May 2 and July 1. No refunds will be given for cancellations after July 1

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The handbook is hereby incorporated into this agreement by reference, and failure to comply may result in immediate termination of exhibitor privileges at the discretion of the Fair Board

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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