



EXHIBITOR SPACE APPLICATION

Please Mail Application to: PO BOX 250 - BLACKFOOT, ID 83221 or - Fax: (208) 785-2483 or Email: thefair@funatthefair.com

FAIR DATES: September 1 – September 9, 2017

APPLICATION DATE _____

NAME OF FIRM: _____

CONTACT NAME: _____
(Name of person who will run your operation at the fair)

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____ E-MAIL ADDRESS: _____

BUSINESS PHONE: _____ HOME PHONE: _____ CELL PHONE: _____

NAMES OF ALL PERSONS, DISTRIBUTORS, OR COMPANIES HAVING AN OWNERSHIP/INTEREST IN THIS EXHIBIT: _____

Do you, any other person, distributor or company having an interest in the exhibit have an interest in any other exhibit/concession, ride, attraction, show or department at the EASTERN IDAHO STATE FAIR? Yes No If YES, please explain

Name and describe **ALL** items to be sold, exhibited and/or demonstrated. Gifts, novelties, and craft items must be **SPECIFICALLY** and **INDIVIDUALLY** listed. "Crafts" or "Novelty items" is not acceptable. If approved for booth, your contract will state that **ONLY** those items listed here can be sold from your booth. If you are providing a service or handing out information, please explain exactly what you will offer. If you need more space, please enclose a separate piece of paper to describe your items or services offered.

ELECTRICAL REQUIREMENTS OTHER THAN SINGLE 110 VOLT 15 AMP PLUG _____

SPACE/AREA SIZE DESIRED:
 INDOOR 10'X10' 12'X15' **OUTDOOR** FRONTAGE _____ DEPTH _____

THE APPLICANT UNDERSTANDS THAT THIS IS AN APPLICATION FOR EXHIBIT SPACE ONLY AND IS NOT A SPACE RENTAL CONTRACT WITH THE EASTERN IDAHO STATE FAIR.

PLEASE LIST (3) THREE REFERENCES:

Fair/Event: _____ Name: _____ Phone: _____

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❖ **In order to consider your company or product, please return application with brochures and photographs of your product and booth set-up. Your application will not be considered without this information.**

SIGNATURE OF APPLICANT _____ DATE _____

DO NOT SEND MONEY WITH THIS APPLICATION