

MONONA COUNTY FAIR ASSOCIATION

Exhibitor (Please Print) Phone Number

Name of Contact Person (Please Print) Phone Number

Complete address where correspondence should be sent

Please indicate whether or not you plan to exhibit at the 2010 Monona County Fair.

_____ Yes, I plan to exhibit at the 2010 Fair

Space available (Indicate your preference):

_____ Inside Single Booth \$30.00
_____ Inside Double Booth \$60.00
_____ Outside Space \$30.00
_____ Food Booth \$50.00
_____ Camping Fee \$20.00

_____ I have enclosed my check for _____.

_____ I have enclosed my Certificate of Insurance.

_____ No, I am unable to exhibit at the 2010 Fair, but would like to remain on the mailing list.

_____ No, I do not plan to exhibit at the 2010 Monona County Fair and my name should be removed from the booth rental list.

I AGREE TO FOLLOW THE RULES SET FORTH BY THE MONONA COUNTY FAIR ASSOCIATION.

Signature Required

Please return this form as soon as possible to:

Monona County Fair Association
Ann Crawford, Secretary
1307 Iowa Ave
Onawa, IA 51040

Phone # (712) 423-2096

For Office Use ONLY:

Deposit _____
Total Paid _____

Check # _____
Receipt # _____

Date _____
Booth # _____