

AMELIA COUNTY FAIR UNIFORM CONTRACT

NAME

BY SIGNING THIS CONTRACT, I AGREE THAT I HAVE READ AND UNDERSTAND ITS CONTENTS , ALL RULES AND REGULATIONS, AND WILL FOLLOW ITS TERMS AND ALL RULES AND REGULATIONS.

(ORGANIZATION/BUSINESS NAME)

Address – Mailing & Physical

Phone

Fax

E-Mail

As an authorized representative of the person, business, or organization listed above, I request the following booth space: _____

_____ ELECTRICAL SERVICE OF _____ AMPS NEEDED FOR THE FOLLOWING ITEMS _____

I will be selling the following items: _____

Printed Name _____

Signature _____

Date: _____

Check No. _____

Vendor's Bank & Account No. _____

Space Rent Check No. _____

Cleaning Deposit Check No. _____

Please fill out the information requested above, attach the correct payment amount and return it along with a copy of your current liability insurance to:

AMELIA COUNTY FAIR ASSOCIATION
P.O.BOX 451
AMELIA VA. 23002

REMINDER: BE SURE AND ENCLOSE THE CLEANING DEPOSIT ON A SEPARATE CHECK SO THAT IT MAY BE RETURNED AT THE END OF THE FAIR.