

# GALVESTON COUNTY FAIR & RODEO, INC.

P.O. BOX 889  
SANTA FE, TEXAS 77510  
PHONE: (409) 986-6010/FAX: (409) 986-6490

www.galvestoncountyfair.com

## COMMERCIAL EXHIBITS CONTRACT – NON-FOOD VENDOR APRIL 9 – APRIL 17, 2010

Business Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Tax ID/SSN# \_\_\_\_\_ Phone: \_\_\_\_\_

### **SPACE**

Please indicate which of the following types of space for which you are applying. Include the tongue, etc when selecting your space size.

\_\_\_\_\_ 20' x 20' Approximately Outside space @ \$300.00 per space for entire Fair season

\_\_\_\_\_ 10' x 10' Approximately Outside space @ \$200.00 per space for entire Fair season

**NOTE: LIMITED SPACES**

\_\_\_\_\_ 10' x 10' Approximately Inside space @ \$400.00 per space for entire Fair season

\_\_\_\_\_ Other: \_\_\_\_\_

### **ELECTRICAL**

Please indicate your electrical needs. \_\_\_\_\_ 110v with 15 amp max – must provide your own extension cord  
Choose one - 110v OR 220v \_\_\_\_\_ 220v with 60 amp max – available upon request (outside only)  
\_\_\_\_\_ Special/Additional needs: \_\_\_\_\_

### **ITEMS TO BE SOLD OR GIVEN AWAY -**

Please list **all** items to be sold or given away. If you have an informational booth, please indicate that in this space:

\_\_\_\_\_  
\_\_\_\_\_

### **RECAP OF FEES:**

Space Fee	\$ _____
Intent Deposit Paid	\$ - _____
\$25.00 each add'l badge	\$ _____
Additional Electrical	\$ _____
\$70.00 Insurance	\$ _____
<b>TOTAL ENCLOSED</b>	<b>\$ _____</b>

Remit Payment

**FOR OFFICE USE ONLY**

Credit Card Information: VISA or MC # \_\_\_\_\_ Exp \_\_\_\_/\_\_\_\_ 3 Digit Sec # \_\_\_\_\_

### **ACKNOWLEDGMENT**

I/We, the undersigned, make application for commercial exhibit space at the 2010 Galveston County Fair & Rodeo. I/We have read and understand the Rules and Regulations, and agree to abide by the terms, conditions and provisions expressed therein.

Signature of Lessee \_\_\_\_\_ Date \_\_\_\_\_

Signature of Fair Representative \_\_\_\_\_ Date \_\_\_\_\_

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## COMMERCIAL EXHIBITOR INSURANCE COMMITMENT

**All exhibitors must complete this form and return to the Fair Office with completed Contract. NO EXCEPTIONS!!!** Commercial Exhibitors at the 2010 Galveston County Fair & Rodeo, Inc. shall carry liability insurance, including product liability coverage. If you do not have liability insurance, the Galveston County Fair & Rodeo, Inc., can obtain insurance for you. The fee for the insurance is \$70.00 and will cover Lessee(s) for the full nine (9) days of the Fair.

### **PRINT CLEARLY, COMPLETE ALL INFORMATION & SIGN** **THIS FORM WILL BE RETURNED IF NOT COMPLETE**

Exhibitor's Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street/PO Box City, State Zip

E-Mail Address: \_\_\_\_\_

Phone(s): \_\_\_\_\_ Fed. Tax I.D. Number/SSN: \_\_\_\_\_

Type of business (product or service): \_\_\_\_\_

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#### CHECK ONE:

\_\_\_\_\_ I agree to obtain liability insurance offered by the Galveston County Fair & Rodeo, Inc. for my commercial exhibit space at the 2010 Galveston County Fair. I have enclosed my money order or cashier's check including the amount of \$70.00, made payable to GCF&R, Inc. I further understand liability insurance coverage is mandatory to participate in the Galveston County Fair.

\_\_\_\_\_ I will submit proof of insurance, including product liability coverage, in the form of a Certificate of Liability Insurance naming the Galveston County Fair & Rodeo, Inc. as an additional insured in the amount of at least \$1,000,000. I also agree to supply the certificate of insurance, or in the alternative, by February 15, 2010. I understand liability insurance coverage is mandatory to participate in the Galveston County Fair.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\*\*\*\*\*

#### FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_

Need Insurance? Y or N

Comments: \_\_\_\_\_