



# Shasta District Fair 2024

Contract#	_____
Location	_____
Amount	_____

## COMMERCIAL EXHIBIT APPLICATION

### "Imaginations Soar at the Shasta District Fair 2024" June 19-22, 2024

Email: [Exhibits@SDFEventCenter.com](mailto:Exhibits@SDFEventCenter.com) Phone: (530)378-6789 Fax: (530)378-6788

*Please Print*

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

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

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

Phone Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Cell: \_\_\_\_\_ FAX: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

#### List of Fairs where you have exhibited:

_____	_____
_____	_____
_____	_____

#### Provide a detailed list of items to be displayed or sold:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Exhibitor must list all items for consideration-items not listed will NOT be allowed without prior approval from Fair management.**

Attach additional pages as necessary.

***Enclose a photo or brochure of booth set-up and products/services.***

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**DO YOU PLAN TO:**

Give away product or food samples? If so, what? \_\_\_\_\_

Use sound devices? (P.A. System, etc.) \_\_\_\_\_

Conduct a drawing? (Name method & prizes) \_\_\_\_\_

What electrical devices do you plan to plug in? \_\_\_\_\_

Will you need RV parking? Yes \_\_\_\_\_ No \_\_\_\_\_

**All Vendors selling products must provide a Resale License number**

STATE RESALE # \_\_\_\_\_

**EXHIBIT SPACE DESIRED:**

*Indicate your 1st, 2nd, and 3rd choice for exhibit space by writing the space number on the appropriate line*

**SHASTA HALL:**

Do you prefer: Double Corner \_\_\_\_\_ Corner + inline \_\_\_\_\_ Corner \_\_\_\_\_ Inline \_\_\_\_\_

**OUTDOORS EXHIBIT SPACE (Limited):** \_\_\_\_\_

Size of inside or outside space you are requesting? \_\_\_\_\_ *(Spaces sold in 10 x 10 increments)*

**I agree to abide by the rules and regulations stipulated in the Commercial Exhibit Rules and Policies. I understand this is not an offer of space by the Shasta District Fair. I understand that the Shasta District Fair Management reserves the right to refuse any exhibit, exhibit item or exhibitor before or during the Fair.**

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

\_\_\_\_\_  
**Please Print Name**

\_\_\_\_\_  
**Title**

Please return this application to:

Exhibits Coordinator  
Shasta District Fair  
1890 Briggs Street  
Anderson, CA 96007  
Or Fax to (530)378-6788  
Email: Exhibits@SDFeventcenter.com

**Please Note: Applications must have photos, brochures, or illustrations of booth set-up to be considered.**