



April 11th-15th, 2018 1826 W. McDowell Road, Phoenix, AZ 85007

826 W. McDowell Road, Phoenix, AZ 85007 (602) 252-0717 - FAX (602) 252-4279 Email: vendors@fairexecutives.com

Cash: _ Date: _	-

Rec'd: MO#:

OFFICE USE ONLY

NON-PROFIT VENDOR SPACE APPLICATION

PROOF OF NON-PROFIT STATUS REQUIRED

COM	PANY NAME:		CONTACT:		
PHO	NE:		FAX:		
ADD	RESS:		_	EMAIL:	
CITY	: -		STATE:	ZIP:	
NOTE includ		ice list must be listed on back of	f this application. No appl	ication will be accepted unless a compl	ete list is
fo	INSIDE	10'x10'Corner	@ \$150 each	\$	
<u>n</u>		10'x10' In-line	@ \$ 50 each	\$	
th		Continuous spaces, in line	@ \$ 50 each	\$	_
Booth Info	OUTSIDE	10'x10'	_@ \$350 each	\$	-
ш		er than 10'x10' Call for price	<u> </u>		
<u> </u>	ADDITIONAL AU	TO PARKING: 2 provided free with			
Parking		On-Site Parking Permit(s)		\$	-
Ра		andstand Parking Permit(s) our vehicle is a dually.	@ \$ 50 each	\$	-
(0		EDENTIALS: 2 provided free with s	space rent		
Tickets		Daily	@ \$ 5 each	\$	=
Tic	Note: Al	Seasonal L PARTICIPANTS MUST HAVE A CRE	@ \$ 15 each	\$	-
		ACE: 1 grandstand parking permit			
>				\$	
RV	RV Size Required:	LengthWidth(includ			-
	Please indicate if y	our vehicle is a dually.			
	STOCK TRUCK P	ARKING: NO CAMPING ALLOWED I			
. .		Space no power		\$	-
Stock Truck		Space with power	@ \$125 each	\$	-
S T		ed: LengthWidth			
	Electric requireme	nts: VoltsAmps			
	GOLF CART PER	MIT: Certificate of Insurance requir	red		
Golf Cart		Cart Permit	@ \$50 each	\$	_
	INSURANCE:	Certificate	of Group Insurance \$120	\$	-
		- Continuate	TOTAL DUE	\$	-
		LESS	DEPOSIT (minimum \$50)	\$	-
		DAL ANCE I	DUE DV MADOU 0, 2040.	¢.	
		BALANCE	DUE BY MARCH 9, 2018:	\$	-
*Applications will not be considered unless filled out completely and accompanied by a deposit and current photo of booth. All fees must be paid by cashier's check, money order or cash. Acceptance of application does not guarantee space. No refunds unless not accepted. All deposits will be deposited and refunded if you are not accepted as a vendor.					
FORMER EXHIBITOR? Δ Yes Δ No If previous exhibitor, when? If you have not exhibited at the Maricopa County Fair in the past two years, please list references from other fairs or exhibitions you have worked.					

All contracted concessionaires are required to provide product and general liability certificates of insurance for \$1 million prior to setup. Workman's Compensation insurance is required for those not self-owned and operated.

Include name of event, date, contact name and telephone (use additional paper if needed):

Over	APPLICANT'S SIGNATURE:	Da	ate

YOUR SPACE AND LOCATION IS NOT GUARANTEED UNTIL FULL PAYMENT IS RECEIVED You must list everything you would like to demonstrate or promote must be listed

NOTE: All products for which you apply may not be approved. Only the products listed on your contract, if you receive one, are authorized to. Any changes or additions must be approved in writing by the Fair Management.

PRODUCT	