

2022 Clinton County Fair

COMMERCIAL EXHIBITOR

booth spaces **AVAILABLE!!!**

PROMOTE your products, services or organization to thousands of fairgoers.

4 DAYS!!!

10 am - 7 pm

Thurs., July 21st - Sat., July 23rd

&

10 am - 3 pm Sunday, July 24th

FREE fair admission before 3 pm.

Reserve your booth space **NOW!!!**

Limited number of spaces **AVAILABLE.**

For more information visit www.clintoncountyiowafair.com

or contact the Clinton County Fair at 563-659-1624,

clintoncofair@iowatelecom.net or 328 East 8th Street, DeWitt, IA 52742.



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 DeWitt, Iowa 52742
 Phone: 563-659-1624
 Email: clintoncofair@iowatelecom.net
 Website: www.clintoncountyiowafair.com
 Like us on Facebook! Follow us on Twitter!

**2022 Clinton County Fair
 COMMERCIAL EXHIBITS BUILDING
 EXHIBITOR INFORMATION**

- Each exhibitor shall obtain and keep in force until completion of the “event”, including set up and tear down, a commercial general liability insurance contract with liability limits equal to or greater than \$1,000,000 each occurrence. The exhibitor shall **provide a CERTIFICATE OF INSURANCE** to the *Clinton County Agricultural Society* evidencing such coverage within ten days of the signed contract. Such exhibitor shall name Clinton County Agricultural Society as an *Additional Insured*.
- **EXHIBIT DATES AND TIMES:** Thursday, July 21st – Saturday, July 23rd from 10 am – 7 pm
 & Sunday, July 24th from 10 am – 3 pm
- **BOOTH SET UP DATE AND TIME:** Wednesday, July 20th from 10 am – 6 pm or Thursday, July 21st before 10 am.
- **BOOTH SIZE & COST:** Minimum size 8’ X 10’; \$65 before June 15th, \$80 from June 15th – July 1st, \$90 after July 1st. Additional booth space: 5’ X 8’ for \$30; FAIR SPONSORS of \$250 or more may receive an 8’ X 10’ space at *half price*.
- **DEPOSIT: A deposit equivalent to the booth cost is required to reserve booth space. Please write a separate check for the deposit. Deposit check should be picked up at fair headquarters on Sunday from 3 - 5 pm.**
- Booth spaces will not be reserved until the registration form, certificate of insurance, payment and deposit have been received. Space will be filled on a first come, first serve basis.
- Exhibitors are to provide their own tables, drop cords and other items needed for their free-standing display.
- No wandering grounds soliciting fair attendees. Please restrict sales activities to booth area.
- Balloons may not be given away due to safety concerns.

Retain EXHIBITOR INFORMATION for future reference.

COMMERCIAL EXHIBITOR REGISTRATION FORM

Return this form with your **certificate of insurance** and **two checks of equal amounts**, payable to *Clinton County Fair*.

Hold Harmless/Indemnification: Exhibitor shall be solely responsible for any and all injuries to persons or damages of property or any other injury, claim, damage or loss of whatever nature, arising directly or indirectly from the “project”. Exhibitor shall **INDEMNIFY, SAVE AND HOLD HASRMLESS the Clinton County Agricultural Society, dba: Clinton County Fair** and its employees, agents and volunteers from staff and against all liability, loss, damages, claims, costs and expenses (including attorney fees) arising out of injury to person or damages to property or any other injury, claim, damage, loss, cost or expense arising from the “project”. Signature: _____

Business/Organization Name: _____

Contact Name: _____ Phone: _____

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Special Request (*The Fair Board will do their best to meet your request, however, no guarantees on meeting request will be made.*):

Business Promotion Announcement (*Optional. Promotion announcements will be made throughout the day on the ground page during fair.*):

BOOTH SPACE REQUESTED: Access to Electricity: Yes No

\$65 before June 15th, \$80 from June 15th – July 1st, \$90 after July 1st

FAIR SPONSORS of \$250 or more may receive a 8’ X 10’ space at *half price*.

of 8’ X 10’ spaces: _____ X \$65/\$80/\$90 = \$ _____

of additional 5’ sections: _____ X \$30 = \$ _____

Total: \$ _____

Office use only.

Date Rec’d: _____

Amount Rec’d: _____

Check No.: _____

Deposit: Enclose a second check of equal value for deposit. This check may be picked up at headquarters from 3 - 5 pm on Sunday.