

**FARM EQUIPMENT APPLICATION  
LAMOILLE COUNTY FIELD DAYS  
July 23, 24, 25, 2021**

COMPANY \_\_\_\_\_  
CONTACT \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
DAYTIME PHONE \_\_\_\_\_ EVENING PHONE \_\_\_\_\_  
E-MAIL \_\_\_\_\_ WEB SITE \_\_\_\_\_

**There is a \$200 Charge for displaying this equipment. This charge can be waived in exchange for allowing Lamoille County Field Days to use equipment, such as tractors, skidsteer with bucket, generator or other equipment.**

Amount of Space Needed for Display (please be as accurate as possible so appropriate space will be reserved):

\_\_\_\_\_ x \_\_\_\_\_

**Equipment to be Displayed:**

**I would like to donate the use of:**

The concessionaire, by signing this contract, agrees to the following conditions and payment schedule.

- 1) Will provide LCFD a certificate of liability insurance in the amount not less than \$1,000,000 naming Lamoille County Field Days, Inc. as an additional insured for the period July 23, 2021– July 25,2021
- 2) LCFD will issue 3 daily passes to enter the grounds and operate the contracted space upon arrival.
- 3) Equipment must be set up on Thursday, July 22, 2019. You will not be allowed to set up on Friday, July 23 .

**4) Equipment must be set up & ready to go by 8:00AM on Friday, July 23, 2021 and must not be removed before 5:30 PM on Sunday, July 25, 2021**

5) All vehicles must be in designated parking spaces by 8:00AM daily & may not be operated inside the fence during fair hours.

6) All exhibits must be removed from the grounds by Monday, July 26,2021

7) All exhibits will be left at the exhibitors' own risk.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return application & certificate of insurance by JUNE 30, 2021**

**LAMOILLE COUNTY FIELD DAYS, INC.**

**PO BOX 357**

**HYDE PARK, VT 05655**

**Phone: 802-635-7113 e-mail: lcfielddays@gmail.com**

**www.lamoillefielddays.com**

**FOR OFFICE USE:**

Date received: \_\_\_\_\_

Deposit received: \_\_\_\_\_ Check number: \_\_\_\_\_

Insurance received: \_\_\_\_\_