

**NON-PROFIT APPLICATION
LAMOILLE COUNTY FIELD DAYS
July 23, 24, 25, 2021**

ORGANIZATION _____
CONTACT _____ DAY TIME PHONE _____
ADDRESS _____ EVENING PHONE _____
_____ E-MAIL _____
CITY _____ STATE _____ ZIP _____

PRODUCT(S) SOLD/ACTIVITY _____

DIMENSION OF SALE AREA INCLUDING HITCHES, ETC (please be specific & accurate):

FRONT FOOTAGE OF _____ AND SIDE(S) FOOTAGE OF _____

By signing this contract, your organization 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.

This must be received by June 30, 2021

2) **\$100 deposit must accompany application. \$50 will be returned within seven days after the close of the fair if the booth is manned throughout the three days and not torn down before 5:30 PM on Sunday. If this is not done, the \$50 will be forfeited.**

3) In exchange for outside rental space, 20% of gross receipts will be paid to LCFD before the close of the fair on July 25, 2021.

4) Booths must be set up by 8:00 AM on Friday, July 23, 2021. **You will not be allowed to set up after this time. All booths must be manned continuously each day (until dark) and not torn down until 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) LCFD will issue 3 daily passes to enter the grounds and operate the contracted space. Additional passes may be purchased if needed.

7) You will need to bring your own table, chair(s), canopy, etc.

8) All exhibits must be removed from the grounds by Monday, July 30, 2018.

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

Applicant's Signature _____ Date _____

**Please return application & \$100 deposit & certificate of insurance by June 30, 2021 to:
LAMOILLE COUNTY FIELD DAYS, INC.**

PO BOX 357

HYDE PARK, VT 05655

Phone: 802-635-7113 or e-mail: lcfieldddays@gmail.com

www.lamoillefieldddays.com

FOR OFFICE USE:

Date received: _____

Deposit received: _____ Check number: _____

Insurance received: _____