

**FAIR DATES: July 11-21, 2018**

**2018 — OUTSIDE CONCESSION RESERVATION REQUEST — 2018**

RESERVATION FORM MUST BE RETURNED  
WITH DEPOSIT TO OUR OFFICE BY APRIL 16, 2018  
TO GUARANTEE SPECIFIC LOCATIONS.

— RATES —

PER FOOT FRONTAGE .....\$17.00  
BOOTHS UNDER GRANDSTAND .....\$135.00  
BOOTHS UNDER BLEACHERS .....\$100.00

MAIL TO: Karen Yaw, Secretary  
P. O. Box 116  
Hughesville, PA 17737

(1) Reserve same space for us.  yes  no \_\_\_\_\_ Size of space. (Please specify footage - frontage and depth. Frontage must be in 5' increments)

(2) Name of items or food to be sold: \_\_\_\_\_

(3) We enclose a DEPOSIT of \$ \_\_\_\_\_ to apply on our rental with the understanding that same is to be refunded if reservation is cancelled no later than May 1, 2018.  
MINIMUM DEPOSIT: \$100.00 (Make check payable to: Lycoming County Fair) - or - reserve with credit card by calling Fair Office.

SPACE RESERVATIONS WILL ONLY BE HELD UNTIL 12:00 NOON, JULY 12, 2018, UNLESS FAIR SECRETARY HAS GRANTED PERMISSION FOR LATE ARRIVAL.

Any trailer or unit occupied for sleeping quarters will be charged \$25.00 per day. Any type unit using electrical hook-up prior to and during fair will be charged accordingly. Payment for the duration must be paid on day of arrival at the main office.

If applying for liability insurance on fair policy, add \$85.00.

**ALL UNPAID CONCESSION RENTAL MUST BE PAID  
AT THE OFFICE NO LATER THAN MONDAY, JULY 16, 2018.  
AFTER JULY 16, 2018, AN ADDITIONAL 10% WILL APPLY.**

— LYC. CO. FAIR USE ONLY —	
RENT	_____
ELECTRIC (\$30 min.)	_____
WATER	_____
INSURANCE	_____
TOTAL	_____
LESS DEPOSIT	_____
BALANCE DUE	_____

— ATTENTION FOOD CONCESSIONAIRES ONLY! —

2018 HUGHESVILLE BOROUGH HEALTH LICENSE FEE WILL BE COLLECTED BY THE DEPT OF AG OFFICIAL  
AT THE START OF THE FAIR

**PLEASE PRINT:**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

STREET \_\_\_\_\_ PHONE # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ EMAIL \_\_\_\_\_

**ALL CONCESSIONAIRES AND COMMERCIAL EXHIBITORS ARE REQUIRED TO CARRY LIABILITY INSURANCE  
AND PROVIDE THE LYCOMING COUNTY FAIR ASSOCIATION WITH A CERTIFICATE OF INSURANCE  
LISTING THE LYCOMING COUNTY FAIR ASSOCIATION AS AN ADDITIONAL INSURED - \$1,000,000.00 MINIMUM.**

INSURING CO. \_\_\_\_\_ LIABILITY POLICY # \_\_\_\_\_ EXP. DATE \_\_\_\_\_

PENNSYLVANIA SALES TAX NUMBER \_\_\_\_\_

*I have read and thoroughly understand the enclosed rules and regulations and will comply with said requirements.*

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ (Your cancelled check is your receipt.)