

LYCOMING COUNTY FAIR ASSOCIATION

P. O. Box 116 • 1 East Park Street • Hughesville, PA 17737-0116

Phone (570) 584-2196 • Fax (570) 584-4955 • Email - concessions@lycomingfair.net

FAIR DATES: July 10-20, 2019

2019 - BLEACHER BOOTH RESERVATION REQUEST - 2019

**RESERVATION FORM MUST BE RETURNED
WITH DEPOSIT TO OUR OFFICE BY MAY 15, 2019
TO GUARANTEE SPECIFIC LOCATIONS.**

-RATES-

BOOTHS UNDER GRANDSTAND.....\$135.00

BOOTHS UNDER BLEACHERS\$100.00

MAIL TO: Lycoming County Fair
Attn: Tom Hess
PO 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 \$ _____ apply on our rental with the understanding that same is to be refunded if reservation is cancelled no later than June 1, 2019.

MINIMUM DEPOSIT: \$100.00 (Make check payable to: Lycoming County Fair).

SPACE RESERVATIONS WILL ONLY BE HELD UNTIL 12:00 NOON, JULY 11, 2019, 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 15, 2019.
AFTER JULY 15, 2019, AN ADDITIONAL 10% WILL APPLY.*

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

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.

INSURINGCO. _____ 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)