



NORTHWEST MONTANA FAIR

406-758-5810 office / 406-756-8936 fax

AUGUST 18-22, 2010

APPLICATION FOR COMMERCIAL EXHIBIT SPACE

Concession Re-Invite

___ Yes, I plan on attending the 2010 Northwest Montana Fair!

___ Sorry, I will not be participating in this year's fair.

(Your booth will be taken off the list for future Fairs as well)

SPACE # _____

Please Type or Print Clearly

Complete information below to notify us who will take responsibility as the 2010 Northwest Montana Fair contact person for your organization.

All information must be completed and legible or application will not be accepted

Organization/Name: _____

Contact Person Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Cell Number: _____

Email Address: _____

Alternative Contact Person: _____ Alternative Phone: _____

SPACE REQUIREMENTS (please check one)

Inside Space	Outside Space
8' x 8' \$256.00 _____	10' x 10' \$250.00 _____
8' x 10' \$320.00 _____	20' x 10' \$450.00 _____
8 x 12' \$384.00 _____	
8' x 14' \$448.00 _____	

\$50.00 more for end caps

LIST EXHIBIT REQUIREMENTS

_____ Grandstand	_____ Same Space
_____ Expo Building	_____ New Location
_____ Outside Space	

EXHIBIT REQUIREMENTS FOR OUTSIDE SPACE

_____ Commercially built concession trailer	_____ Tent (size)
_____ Travel trailer	_____ other, explain

Include footage for awning, trailer tongues, overhangs, etc.

APPLICATION DEADLINE & 50% DEPOSIT

FOR BOOTH SPACE DUE BY March 15, Balance, DUE BY June 1st 2010

NO EXCEPTIONS!

Waiting list applications will be assigned to your previous space if deadline is not met.

NO REFUNDS!!!

Current Liability Insurance is MANDATORY with the return of this application.

Minimum of 1 million dollars

PLEASE NOTE

Wed-Sat
11:00 a to 9:00 p
Sunday
11:00 a to 8:00 p



COMMERCIAL BOOTH BUSINESS HOURS

OFFICE USE ONLY

Date Application Received: _____ Total Due: _____ Liability Insurance: Yes _____ No _____

First Payment: _____	Due by March 15, 2010	Space Assignment: _____	Building: _____
Receipt: # _____	Check: # _____	Credit Card: _____	Cash: _____

Second Payment: _____	Due by June 1, 2010
Receipt: # _____	Check: # _____
Credit Card: _____	Cash: _____

Products or Services Approved: _____

(OVER)

