

Exhibitor # _____ Space # _____

2010 Santa Clara County Youth Fair Community Space Application Form

(neatly print using black or blue ink)

Exhibitor/Organization _____

Address _____

City _____ State _____ Zip _____

Resale Number: _____ 501 c3 Number: _____

Primary Contact Name _____ Phone: _____

Cell: _____ email: _____

Alternate Contact Name _____ Phone: _____

Cell: _____ email: _____

Number of Spaces requested: (each space is 10 X 10) _____

General location requested: Please circle first choice: INSIDE OUTSIDE

Requested Schedule: Please circle

Thursday, August 5th – Sunday, August 8th Hours 10:00 am – 7pm

Friday, August 6th – Sunday, August 8th Hours 10:00 am – 7:00 pm

Description of Display (include product/service):

Please Note: Space *ONLY* is provided. We DO NOT provide pipe and drape, tables, and/or chairs. An 110v/15amp electrical outlet is available at each space. If you need more than that there is an additional fee.

The undersigned is authorized to sign on behalf of the company/organization.

It is understood that this application proposal is not a commitment by the application nor is it an offer by The Fair.

Signature of Authorized Individual

Date

Printed Name of Signature Above