

DATE \_\_\_\_\_

PLEASE RETURN BY \_\_\_\_\_  
(After above date spaces will not be reserved in your name)

**GLADWIN COUNTY FAIR ASSOCIATION**  
401 S. State St. ● Gladwin, MI 48624  
989 426-2311

*A NON-PROFIT ORGANIZATION OPERATING THE GLADWIN COUNTY FAIR*

Concession Superintendent \_\_\_\_\_

**CONTRACT**

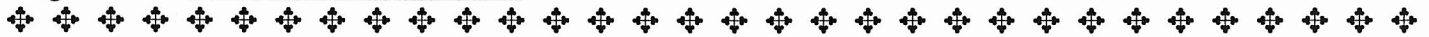
FAIR DATES: JULY \_\_\_\_\_ TO \_\_\_\_\_, 20 \_\_\_\_\_ INCLUSIVE

LESSEE'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

Name of Unit \_\_\_\_\_ Type of Concession \_\_\_\_\_

Length of Unit \_\_\_\_\_



COST OF SPACE \_\_\_\_\_ Electric \$1 per amp (EXTRA)

DEPOSIT DUE \_\_\_\_\_ INSURANCE \_\_\_\_\_ (EXTRA)

Contract to be paid in full upon arrival at the Fair.

CAMPING ON OUR GROUNDS? \_\_\_\_\_ YES OR NO

EXHIBITORS MUST SHOW PROOF OF \$300,000.00 MINIMUM COMBINED BODILY INJURY & PROPERTY DAMAGE INSURANCE.

Please sign and return the white and yellow copies of contract along with your deposit. Please read all rules and

<b>RECORD OF CHARGES AND PAYMENTS</b>				
Date		Debit	Credit	Balance

regulations before signing.

By \_\_\_\_\_ By \_\_\_\_\_  
Superintendent of Concessions Lessee  
Gladwin County Fair Association