

Mitchell Fair –Registration for Concession Sept. 1 to 3, 2017

Complete and enclose 1/2 of the full fee,
payable to the Mitchell Agricultural Society, Box 190 Mitchell, ON NOK 1NO
by July 1, 2017 to hold your spot. Balance of the full fee due Sept. 1, 2017

Name of Company / Business

*

Contact Person

Telephone Number

*

Full Mailing Address:

*

Email Address:

*

Type of Product/Promotion:

*

Proof of Liability Insurance:

Insurance Company Name:

*

Policy Number:

CHOOSE ONE OF THE FOLLOWING OPTIONS

***OUTDOOR CONCESSION:** Number of Days Required: _____ Days x \$40 = _____

***INDOOR CONCESSION:** Number of Feet Required: _____ Feet x \$7 = _____

***OUTDOOR FOOD CONCESSION:** Number of Days required: _____ Days x \$100= _____

***INDOOR FOOD CONCESSION:** Number of Feet Required: _____ (up to 16 feet)= **\$200**

Hydro Required: _____

Water Required: _____

(limited availability)

(limited availability)

\$ _____

\$ _____

\$ _____

Total Due

(Less 10% if before July 1) Submitted

10% Discount if paid in FULL by July 1, 2017

Names for Passes: _____

Number of Saturday Dinner tickets required: **\$20.00 X** = _____

Office Use: Accepted: _____ Declined: _____ Payment Enclosed: _____

Date Processed: _____ BY: _____