Mitchell Fair –Registration for Concession Aug. 29 to Aug 31, 2025

E-transfer to secretary@mitchellfair.com or

Cheque payable to the Mitchell & District Agricultural Society, Box 190 Mitchell, ON NOK 1NO

Name of Company *I* Business

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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 $45 = **\_\_\_\_\_\_\_\_\_\_\_**

\***INDOOR** CONCESSION: Number of Feet Required: \_\_\_\_\_Feet x $10 = **\_\_\_\_\_\_\_\_\_\_\_**

 Hydro Required: \_\_\_\_\_\_ Water Required: \_\_\_\_\_\_\_\_

 (limited availability) (limited availability)

50% of the full payment is due by June 30 to guarantee your spot
10% discount if PAID IN FULL before June 30

Names for Passes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Use: Accepted: \_\_\_\_\_\_\_\_\_\_ Declined: \_\_\_\_\_\_\_\_\_\_ Payment Enclosed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Processed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Inv \_\_\_\_\_\_\_\_\_\_\_\_ BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_