

Mitchell Fair –Registration for Concession Sep 4 to Sep 6, 2026

E-transfer to [secretary@mitchellfair.com](mailto:secretary@mitchellfair.com) or

Cheque payable to the Mitchell & District Agricultural Society, Box 190 Mitchell, ON NOK 1N0

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

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

Hydro Required: \_\_\_\_\_  
(limited availability)

Water Required: \_\_\_\_\_  
(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

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Names of Staff: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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