

APPLICATION B: OUTSIDE EXHIBIT SPACE

COLONIAL DAYS JULY 14th - 17th, 2010

BOOTH #

COMPANY NAME: _____

ADDRESS, CITY, PROV: _____

POSTALCODE _____ CONTACT PERSON: _____

PHONE: _____ FAX: _____ EMAIL: _____

** please provide email and/or fax in order to receive your package next year as we are reducing mailouts**

OF BOOTHS REQUIRED: _____ Please list booth preference: _____

Booths are allotted on a first come first served basis – another booth will be assigned if your preference is taken.

★ NAME OF PERSON TO BE ON CHEQUE FOR PERFORMANCE BOND REFUND: _____

BRIEF DESCRIPTION OF EXHIBIT: _____

Outside Exhibit Daily Show Hours: 11:30am to Midway Close

BOOTH #100-119 Please see rule #2 for details

_____ Minimum 10' frontage: \$300.00 + \$15.00 G.S.T	= \$315.00
_____ 20' frontage: \$350.00 + \$17.50 G.S.T	= \$367.50
_____ 30' frontage: \$435.00 + \$21.75 G.S.T	= \$456.75
_____ 40' frontage: \$570.00 + \$28.50 G.S.T	= \$598.50

50' and over frontage: Negotiable

Plus \$100 performance bond (see rule #4) = \$100.00

I require # _____ additional 4 day gate passes (\$19.05 + .95GST = \$20) = _____

_____ additional Single day gate pass (\$5.71 + .29GST = \$6.00) = _____

TOTAL = \$ _____

(including \$100 performance bond)

One free 4 day gate admission pass will be provided for each 10 x 10 of booth space.

_____ Please mail passes with space rental receipt _____ Please hold passes for pick up at show office

Absolutely NO KNIVES (unless for culinary purposes), **SWORDS**, or **SMOKING APPARATUSES** allowed to be sold through any exhibit or display. **IF CAUGHT SELLING THESE ITEMS, WE RESERVE THE RIGHT TO REMOVE YOU FROM THE GROUNDS.**

★ **For OUTDOOR EXHIBIT space those Exhibitors pinning into the pavement their performance bond will not be refunded until the holes are filled.**★

✓ **We now accept payment by VISA or MASTERCARD:** CARD #: _____ EXPIRY: _____

**NO APPLICATION WILL BE ACCEPTED UNLESS PAID IN FULL.
ENTRY CLOSING DEADLINE - JUNE 24, 2010.**

I hereby agree to the rules and regulations for exhibit space as printed in the prize list.

SIGNATURE: _____

Please Return Application to: Lloydminster Agricultural Exhibition Association Ltd.

P.O. Box 690 Lloydminster, SK, S9V 0Y7 Phone: (306) 825-5571 Fax: (306) 825-7017

OFFICE USE ONLY:

PAID INVOICE # _____	DATE PD _____	BOND PAID? YES NO
CHARGED INVOICE # _____	DATE CHG _____	BOND AMT \$ _____
AMOUNT: \$ _____		