



California State Fair

2011 Counties Exhibits Entry Form

Mailing Address: Counties Exhibits
California State Fair, PO Box 15649
Sacramento, CA 95852-1538

Shipping Address: Counties Exhibits
1600 Exposition Blvd., Sacramento, CA 95815
(916) 263-3033 gkinder@calexpo.com

Entry Form Instructions:

1. Refer to Counties Exhibits Competition Handbook for complete rules, conditions and entry deadlines at www.bigfun.org.
2. Print or type all information where applicable.
3. Provide Social Security Number or Tax ID Number. Entries will not be accepted without this information.
4. Exhibit Representative Information, Board of Supervisor Approval, Space Selection Request and Media Distribution, must be complete and received no later than 4:30 p.m., March 25, 2011. Entries will not be accepted without this information.
5. Mail completed entry form to the address above.

COUNTIES EXHIBITS AUTHORIZATION AND APPOINTMENT

Please Print

The Board of Supervisors of the County of

EL DORADO COUNTY

EXHIBIT REPRESENTATIVE INFORMATION:

- Has appointed El Dorado County Chamber as official representative(s) of the County to be responsible for the County's exhibit and to make decisions, requests, and any protests on behalf of the County.

Title LAUREL BRENT BUMB, CEO

Email chamber@eldoradocounty.org

Mailing Address 542 Main St.

Phone (530) 621-5885

City Placerville

State CA Zip 95667

Shipping Address SAME

Fax () _____

City _____

State _____ Zip _____

BOARD OF SUPERVISOR APPROVAL:

- This entry must be signed by the Chairman of the Board, the Clerk of the Board or the Executive Officer of the Board.

Signature _____ Printed Name _____

Title _____ Date _____

Upon signature and submission of entry form, the county agrees with, understands and accepts all rules, regulations and conditions of the Counties Exhibits Competition Handbook. County agrees to take responsibility for providing general liability insurance as outlined on the reverse side of this form.

EXHIBIT BUILDER INFORMATION:

- Builder Mike Jimenez Phone (916) 275 5958

Address _____

City _____ State _____ Zip _____

Email _____

When is your exhibit start date (after 6/23/11) _____

PREMIUM INFORMATION:

- Has authorized any award money for, or on account of, an exhibit representing said county, to be paid by the California Exposition and State Fair in Sacramento, California, to the following person(s) or organization (for the year 2011 only):
- All Premium Awardees MUST provide their Social Security Numbers or Tax ID Number.

Organization Name El Dorado County Chamber Phone (530) 621-5885

Contact Name: LAUREL Brent BUMB

Address 542 Main St

City Placerville State CA Zip 95667

SSN# _____ OR _____

Tax ID# 68-0200652

County Name: _____

SPACE SELECTION REQUEST:

- Please indicate in the box your 1st, 2nd, 3rd and 4th choices for space design. Counties sending in the Official Entry form before or by the deadline will have consideration for their 1st choice over those counties who do not meet the deadline.

20' x 20' Island
 16' x 16' Island
 16' x 16' Diamond (partly under mezzanine)
 16x16 Back Wall *2nd*

16' z 16' corner *1st*
 16' x 16' and 10' x 20' combo space

MEDIA DISTRIBUTION:

- The California State Fair will provide exhibit photographs and a news release to media listed below.

List additional newspapers or television stations on a separate page

Newspaper Name Mountain Democrat Phone (530) 622-1255
 Contact Person mimi Escobar Fax () _____
 Position Title Writer
 Email _____
 Address _____
 City _____ State _____ Zip _____
 Television Station _____ Phone () _____
 Contact Person _____ Fax () _____
 Position Title _____
 Email _____
 Address _____
 City _____ State _____ Zip _____

GENERAL LIABILITY INSURANCE: At all times while the County or its agents have access to the Cal Expo grounds, (June 24, 2011 through August 8, 2011). County shall provide proof of commercial general liability insurance coverage with minimum limits of at least \$1,000,000 per occurrence combined single limit for bodily injury and property damage and cover damages for bodily injury, property damage, personal injury liability, and products and completed operations liability. The general liability insurance coverage shall include the following provision: State of California, California Exposition & State Fair, its agents, officers, directors, employees, and servants are made additional insured but only insofar as the operations under this agreement are concerned.

If County is self-insured, County must continue to be self-insured or must acquire appropriate insurance coverage. County must submit an insurance certificate or, if self-insured, a letter confirming self-insurance to Cal Expo prior to having access to the Cal Expo grounds.

WORKERS' COMPENSATION INSURANCE: All employees or agents of County shall be covered by workers' compensation insurance as required by law.

Insurance certificates or letters are to be submitted to: Counties Exhibits, Cal Expo, P.O. Box 15649, Sacramento, CA 95852, Fax: 916-263-7903.

Office Use Only:			
Postmark Date: _____	Initials: _____	Exhibit Space # _____	
Plaque Received: _____		Premiums Received _____	