



California State Fair

2007 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. No copies or faxes will be accepted.
4. Provide Social Security Number or Tax ID Number. Entries will not be accepted without this information.
5. Exhibit Representative Information, Board of Supervisor Approval, Space Selection Request and Media Distribution, must be complete and postmarked no later than 4:30 p.m., April 20, 2007. Entries will not be accepted without this information.
6. 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

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 STREET Phone (530) 621-5885

City Placerville State Ca Zip 95667

Shipping Address SAME Fax (530) 642 1624

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 exhibitor agrees with, understands and accepts all rules, regulations and conditions of the Counties Exhibits Competition Handbook.

EXHIBIT BUILDER INFORMATION:

- Builder _____ Phone () _____

Address _____

City _____ State _____ Zip _____

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 2007 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# _____

Tax ID# _____

County Name: FLORIDA

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.

<input type="checkbox"/> 20' x 20' Island	<input type="checkbox"/> 16' x 16' Corner	<input type="checkbox"/> 10' x 20' Corner	<input type="checkbox"/> 10' x 10' Corner
<input type="checkbox"/> 16' x 16' Island	<input checked="" type="checkbox"/> 16' x 16' Back Wall	<input checked="" type="checkbox"/> 10' x 20' Back Wall	<input type="checkbox"/> 10' x 10' Back Wall

The following sizes are tentative and based on availability.

<input type="checkbox"/> 24' x 24' Corner	<input type="checkbox"/> 24' x 24' Island
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MEDIA DISTRIBUTION:

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

Local Newspaper: (Newspaper that should receive Press Release)

Newspaper Name Mountain Democrat Phone (530) 344 5065
Contact Person NOEL STACK Fax () _____
Position Title CITY EDITOR
Email nstack@mtdemocrat.net
Address _____
City Placerville State CA Zip 95667

Newspaper Name _____ Phone () _____
Contact Person _____ Fax () _____
Position Title _____
Email _____
Address _____
City _____ State _____ Zip _____

Newspaper Name _____ Phone () _____
Contact Person _____ Fax () _____
Position Title _____
Email _____
Address _____
City _____ State _____ Zip _____

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