

California STATE FAIR

Counties Exhibits Entry Form

Mailing Address:
Counties Exhibits
California State Fair
P.O. Box 15649
Sacramento, CA 95852-1649

Shipping Address:
Counties Exhibits
California State Fair
1600 Exposition Blvd.,
Sacramento, CA 95815

Entry Form Instructions:

1. Refer to Competition Handbook for complete rules, conditions and entry deadlines.
2. Print or type all information where applicable.
3. If needed, fill out form STD 204 and submit with or attach to this form. Entries will not be accepted without this information. See handbook for details.
4. Exhibit Representative Information, Board of Supervisor Approval, Division and Space Selection Request must be complete and received no later than 4:30pm, February 23, 2017. Entries will not be accepted without this information.
5. Mail completed entry form to the address above.
6. Faxed forms must be followed by a signed paper entry form.

Counties Exhibits Authorization and Appointment

Please print.

The Board of Supervisors of the County of EL DORADO

Appointment of Exhibit Representative

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.

Exhibit Representative Information

Title Laurel Brent Bumb CEO Organization EL DORADO County Chamber
 Telephone (office or residence) 530 621 5885 Telephone (cell) 916 801 8011
 Email chamber@eldoradocounty.org Fax (530) 642 1624
 Mailing Address 542 main st Shipping Address same
 City Placerville City _____
 State CA Zip Code 95667 State _____ Zip Code _____

Board of Supervisors 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 [Signature] Printed Name Shiva Frentzen
 Title Chair Date 2/7/17

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.

Premium Payee Information

County 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 2016) only.

Payee Organization Name EL DORADO County Chamber Phone (530) 621 5885
 Payee Contact Name LAUREL BRENT-BUMB, CEO
 Payee Address 542 main st city Placerville
 State CA Zip Code 95667 Email chamber@eldoradocounty.org

All Premium Payees MUST provide their Social Security Numbers or Tax ID number on form STD 204, Payee Date Record, which must be attached to or submitted with the Official Entry Form. Government Agencies named as payee do not need to send form STD 204.

ATTEST: James S. Mitrising
 Clerk of the Board of Supervisors
 BY [Signature]

County Name _____

Entry Division

Please indicate your entry division by checking the appropriate box.

Division 1: Community Built Exhibit
(individual, group or company that will design and build one and only one County Exhibit)

Division 2: Professionally Built Exhibit
(Individual, group or company that will design and build more than one County Exhibit)

Space Configuration 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. Note: There are a limited number of spaces available. Please confirm your space configuration before finalizing your design.

16 x 16 Island 16' x 16' Back Wall 16' x 16' Corner Combo; 16' x 16' plus 10' x 20'

Although space requests will be carefully considered, the State Fair reserves the right to assign or limit space as it deems appropriate.

Please put our county's space next to _____ County.

Exhibit Builder Information

Builder _____ Address _____
City _____ State _____ Zip Code _____
Email _____ Telephone (cell) _____

General Liability Insurance

At all times while the County or its agents have access to the Cal Expo grounds, (June 15, 2017 through August 8, 2017) 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 servnts 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 to be submitted to address listed on front of Entry Form.

Office Use Only
Fax/Postmark Date _____ Initials _____ Exhibit Space # _____
Plaque Delivered/Sent _____ Premiums Mailed _____