



# California State Fair

## 2008 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 18, 2008. 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 ( )

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 \_\_\_\_\_

Email \_\_\_\_\_

Exhibit Start Date (after 7-15-08) \_\_\_\_\_

#### 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 2008 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 Street

City Placerville State CA Zip 95667

SSN# \_\_\_\_\_ OR

Tax ID# 94-1328508

-OVER-

County Name: El Dorado

**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 checked="" type="checkbox"/> 10' x 20' Corner	<input type="checkbox"/> 10' x 10' Corner
<input type="checkbox"/> 16' x 16' Island	<input type="checkbox"/> 16' x 16' Back Wall	<input 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 Mt. Democrat Phone (530) 622 1255  
Contact Person Michael Raffety Fax (530) 622-7894  
Position Title Editor  
Email mraffety@mtdemocrat.net  
Address 1360 Broadway  
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 \_\_\_\_\_

<b>Office Use Only:</b>
Postmark Date: _____ Initials: _____ Exhibit Space # _____
Medal Received: _____ Premiums Received _____