



# California State Fair

## 2012 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](http://www.bigfun.org).
2. Print or type all information where applicable.
3. Fill out form STD 204 and submit with or attach to this form. 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., February 10, 2012. 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

#### 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 \_\_\_\_\_ Phone ( ) \_\_\_\_\_
- Address \_\_\_\_\_
- City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- Email \_\_\_\_\_
- When is your exhibit build start date (June 2012) \_\_\_\_\_

#### 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 2012 only):
- Payee Organization Name El Dorado County Chamber Phone (530) 621 5885
- Payee Contact Name: LAUREL BRENT-BUMB
- Payee Address 542 main st
- City Placerville State CA Zip 95667 Email chamber@eldoradocounty.org
- All Premium Payees MUST provide their Social Security Numbers or Tax ID Number on form STD 204, Payee Data Record, which must be attached to or submitted with this Official Entry Form.

-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. Note: There are a limited number of spaces available: Please confirm your space size before finalizing your design.

20' x 20' Island

16' x 16' Island

18' x 18' Diamond  
(partly under mezzanine)

#2  16'x16' Back Wall

#1  16' x 16' corner

16' x 16' and 10' x 20' combo space

**MEDIA DISTRIBUTION:**

The California State Fair will provide a news release to media listed below. Please 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 \_\_\_\_\_

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 22, 2012 through August 6, 2012). 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 \_\_\_\_\_