



California State Fair

2013 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. 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 4:30 p.m., February 22, 2013. 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 CEO - LAUREL BRENT BUMB

Telephone (office or residence) 530 621 5885 Telephone (cell) 916 801 8011

Email chamber@eldoradocounty.org

Mailing Address 542 MAIN ST

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 [Signature] Printed Name RON BEIGGS Chairman

Title Chairman Board of Supervisors Date 2-1-13

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 2013 only):

Payee Organization Name EL DORADO County Chamber Phone (530) 621 5885

Payee Contact Name: LAUREL BRENT BUMB

Payee Address 542 MAIN STREET

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. Government Agencies and 2012 participants need not send a new STD 204 unless there are changes.

County Name: EL Dorado

COMPETITIVE DIVISION:

New in 2013—Counties must chose one of two divisions in which they will compete. Please see the Official Competition Handbook for complete descriptions of the two divisions.

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 an 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' Diamond (partly under mezzanine) 16'x16' Back Wall 16' x 16' corner Combo Space 16'x16' + 10' x 20'

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

CONTIGUOUS SPACE REQUEST:

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

EXHIBIT BUILDER INFORMATION:

• Builder Mike Jimena Phone (916) 275 5958
Address _____
City _____ State _____ Zip _____
Email mikonpro@aol.com
Telephone (office or residence) _____ Telephone (cell) _____

GENERAL LIABILITY INSURANCE: At all times while the County or its agents have access to the Cal Expo grounds, (June 20, 2013 through August 4, 2013). 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:

Fax Date: _____ Initials: _____ Exhibit Space # _____

Postmark Date: _____

Plaque Delivered/Sent: _____ Premiums Mailed _____