

California State Fair

2015 Counties Exhibits Entry Form

Mailing Address: Counties Exhibits
California State Fair, PO Box 15649
Sacramento, CA 95852-1538

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

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 20, 2015. 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 - BAMB, CEO Organization: EDC Chamber

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 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 _____ 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.

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 2015 only):

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

Payee Contact Name: LAUREL BRENT - BAMB, CEO

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. Government Agencies named as payee do not need to send form STD 204.

County Name: E I DORADO

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 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'x16' Back Wall 16' x 16' Corner Combo Space **
16' x 16' + 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. ** Combo spaces may be available depending on number of counties and space available, please check with the fair prior to committing and designing.

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

EXHIBIT BUILDER INFORMATION:

Builder _____

Address _____

City _____ State _____ Zip _____

Email _____

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 19, 2015 through August 3, 2015). 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 _____