CA Counties Showcase Board of Supervisors Approval Form

Form Instructions:

2.	Refer to the Competition Handbook for complete rules, conditions and entry deadlines. Exhibit Representative Information, Premium Payee Designee, and Board of Supervisor Approval must be complete and received no later than 11:59pm, May 10, 2019. Entries will not be accepted without this information. Forms can be mailed, emailed, or faxed:	
J.	Fax:	(916) 263-7903 (Attn: Zsi Widman)
	Email:	ZWidman@calexpo.com
	Mail:	California Exposition & State Fair ATTN: California Counties Showcase P.O. Box 15649 Sacramento, CA 95852
		ibits Authorization and Appointment
be	e Board of S Docado C responsible half of the C	has appointed as the County of <u>EL DORADO</u> has appointed as the official representative(s) of the County to for the County's exhibit and to make decisions, requests, and any protests on ounty.
Ex	hibit Repre	sentative Information
Tit	le Laure	1 BREAT Bamb Organization El PORAPO County Chamber
) 621 -5885 Cell Phone (916) 801 - 8011
Email Chamber Deldoradocounty. Org Fax (530) 642 - 1624		
Premium Payee Designee 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 2019) only.		
Pa	yee Organiz	ation Name El DURADO o ounty Chamber
Payee Contact Name Laurel BRENT - Bumb		
Pa	yee Phone I	Number (316) 801 - 8011
Dat	e Record, which	es MUST provide their Social Security Numbers or Tax ID number on form STD 204, Payee ch must be attached to or submitted with the Official Entry Form. Government Agencies named seed to send form STD 204.
Thi	s form must	ervisors Approval to be signed by the Chairman of the Board, the Clerk of the Board or the ser of the Board.
Pri	nted Name ₋	Title Chair, Board of Supervisors

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.

____ Date <u>4/23/19</u>