

**EQUIPMENT APPLICATION  
LAMOILLE COUNTY FIELD DAYS  
July 21, 22, 23, 2023**

COMPANY \_\_\_\_\_

CONTACT \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DAYTIME PHONE \_\_\_\_\_ EVENING PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_ WEB SITE \_\_\_\_\_

**RATE SCHEDULE**

A fee of \$50.00 for displaying equipment is due at the time of the application.

The rate will drop to no charge for displaying your equipment in exchange for allowing Lamoille County Field Days to use your equipment, such as tractors, skid steer with bucket, generator or other equipment.

Amount of Space Needed for Display (please be as accurate as possible so appropriate space will be reserved): \_\_\_\_\_ x \_\_\_\_\_ All outside spaces are 15' deep

Equipment to be Displayed: \_\_\_\_\_

I would like to donate the use of: \_\_\_\_\_

The concessionaire, by signing this contract, agrees to the following conditions and payment schedule.

- 1) Will provide LCFD a certificate of liability insurance in the amount not less than \$1,000,000 naming Lamoille County Field Days, Inc. as an additional insured for the period July 21, 2023– July 23,2023
- 2) LCFD will issue daily passes to enter the grounds and operate the contracted space upon arrival (**you do not have to have people on sight**).
- 3) Equipment must be set up on Thursday, July 20, 2023. You will not be allowed to set up on Friday, July 21 .
- 4) **Equipment must be set up & ready to go by 8:30 am on Friday, July 21, 2023 and must not be removed before 4PM on Sunday, July 23, 2023**
- 5) All vehicles must be in designated parking spaces by 8:00AM daily & may not be operated inside the fence during fair hours.
- 6) All exhibits must be removed from the grounds by Monday, July 24,2023

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return application & certificate of insurance by May 31, 2023**

**LAMOILLE COUNTY FIELD DAYS, INC.**

**PO BOX 357**

**HYDE PARK, VT 05655**

**Phone: 802-635-7113 e-mail: lcfielddays@gmail.com**

**www.lamoillefielddays.com**

**FOR OFFICE USE:**

Date received: \_\_\_\_\_ Deposit received: \_\_\_\_\_ Check number: \_\_\_\_\_

Insurance received: \_\_\_\_\_