



**EQUIPMENT APPLICATION
LAMOILLE COUNTY FIELD DAYS
July 19, 20, 21 2024**

COMPANY _____

CONTACT _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAYTIME PHONE _____ EVENING PHONE _____

E-MAIL _____ WEB SITE _____

RATE SCHEDULE

A fee of \$75.00 for displaying equipment is due at the time of the application.

The fee for displaying your equipment will be waived 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 19, 2024 through July 21, 2024.
- 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 18, 2024. You will not be allowed to set up on Friday, July 19, 2024.
- 4) **Equipment must be set up & ready to go by 8:30 a.m. on Friday, July 19, 2024 and must not be removed before 4 p.m. on Sunday, July 21, 2024**
- 5) All vehicles must be in designated parking spaces by 8:00 a.m. daily and may not be operated inside the fence during fair hours.
- 6) All exhibits must be removed from the grounds by Monday, July 22, 2024.

Applicants Signature _____ Date _____

Please return application, fee and certificate of insurance by May 31, 2024

**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: _____