



**NON-PROFIT APPLICATION
LAMOILLE COUNTY FIELD DAYS
July 19, 20, 21 2024**

ORGANIZATION _____

CONTACT _____

ADDRESS _____

DAY TIME PHONE _____ **EVENING PHONE** _____

E-MAIL _____

PRODUCT(S) SOLD/ACTIVITY _____

DIMENSION OF SALE AREA INCLUDING HITCHES, ETC (please be specific & accurate):

FRONT FOOTAGE OF _____ **AND SIDE(S) FOOTAGE OF** _____

By signing this contract, your organization 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.

This must be received by May 31, 2024

2) Fee of \$15.00 per Linear Foot due with the application.

3) Booths must be set up on Thursday July 18, 2024 and the balance of fee must be paid at the time of set up. Your booth must be ready to go by 8:30am on Friday, July 19, 2024. **You will not be allowed to set after Thursday. All booths must be manned continuously each day (until dark) and not torn down until 4 p.m. on Sunday, July 21, 2024.**

4) 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.

5) LCFD will issue daily passes to enter the grounds and operate the contracted space.

6) You will need to bring your own table, chair(s), canopy, etc.

7) All exhibits must be removed from the grounds by Monday, July 22, 2024.

8) All exhibits will be left at the exhibitors' own risk.

Hold Harmless/Indemnification: Concessionaire shall be solely responsible for any and all injuries to persons or damages of property or any other injury, claim, damage or loss of whatever nature, arising directly or indirectly from the Fair. Concessionaire shall **INDEMNIFY, SAVE AND HOLD HARMLESS** Lamoille County Field Days and its employees, agents and volunteers from and against all liability, loss damages, claims, costs and expenses (including attorney fees) arising out of injury to person or damages to property or any other injury, claim, damage, loss, cost or expense arising from the Fair.

Applicant's Signature _____ Date _____

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

LAMOILLE COUNTY FIELD DAYS, INC.

PO BOX 357

HYDE PARK, VT 05655

Phone: 802-635-7113 E-Mail: lcfieldddays@gmail.com

www.lamoillefieldddays.com

FOR OFFICE USE:

Date Received: _____ **Fee Due:** _____

Deposit Received: _____ **Check Number:** _____ **Amount Due:** _____

Insurance Received: _____