

FLUVANNA COUNTY FAIR PARTICIPATION FORM August 15 - 17, 2019						
Applicant Name			Business / Organization / Group Name			
Mailing address			City State			Zip
Phone	Cell	Fax	Email			
Application Type: Individual Non-Profit Org. 501C			Liability Insurance?* Yes No			
Event On-Site Manager Name and Phone Number						
FACILITY NEEDS						
Non-Food Vendor (10' x 10'): \$\begin{aligned} \$20 \text{ Thursday} & \$20 \text{ Friday} & \$20 \text{ Saturday} & \$45 \text{ Thursday-Saturday} & \$10' \text{ x 10'} \end{aligned}\$						
Food Vendor (10' x 10'): \$\infty\$ \$30 Thursday \$\infty\$ \$30 Friday \$\infty\$ \$30 Saturday \$\infty\$ \$75 Thursday-Saturday						Spaces Needed:
Describe your booth/activity/demonstration-be brief, yet specific:						
Chairs	\$1.00 / Day		ursday 🗌 Friday	Sat	urday	Total Fee:
Tables - 6' Rectangular	\$3.00 /Day	Th	ursday 🗌 Friday 🔲 Saturday			Total Fee:
Do you need Electricity?						
Make Checks Payable To: FCPR, P.O. Box 70, Palmyra VA 22963 Total Electrical Fee:						
LIABILITY STATEMENT						
I hereby agree to all terms and conditions as specified on this application and understand that completion of this application does not constitute approval of the specified request(s) and that my request may be denied, and therefore I must contact the Fluvanna County Parks & Recreation office to verify the approval of my request. I also agree to pay all costs associated with any damage to any facilities, equipment, or other property (real or personal) owned by Fluvanna County Parks & Recreation as well as agreeing to indemnify, defend, and hold harmless the County, their officers, and their employees from any and all claims, liabilities, damages, attorney's fees and/or costs directly related to my use of the facilities.						
Applicant Signature			Applicant Title	Applicant Title Date		