

**Bonner County Fairgrounds**  
**FAIR USERS QUESTIONNAIRE**

2018

Name of organization/event: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_  
Town Zip

Email: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Date: \_\_\_\_\_

1. How many years have you used this facility? \_\_\_\_\_
2. Do you require fairgrounds staff at your event? \_\_\_\_\_
3. Do you need use of machinery? \_\_\_\_\_  
If so what machinery is required? \_\_\_\_\_
4. Do you participate at the annual Bonner County Fair? \_\_\_\_\_
5. If so, what is your favorite event? \_\_\_\_\_
6. What other events/activities would you like to see at the fairgrounds? \_\_\_\_\_
7. What facility do you feel need improvement? \_\_\_\_\_
8. Do you use the RV Campground area during your event? \_\_\_\_\_
9. What do you think of the new addition, "Fairgrounds Park"? \_\_\_\_\_

10. What facilities are required for your event? Please check all that pertain.

- |     |                         |      |                                      |
|-----|-------------------------|------|--------------------------------------|
| MEB | ___ (Main Exhibit Hall) | IAR  | ___ (Indoor Arena Restrooms)         |
| SW  | ___ (South Wing)        | FB   | ___ (Food Booths)                    |
| FK  | ___ (Fair Kitchen)      | EBBS | ___ (Ed Brown Bandstand)             |
| WA  | ___ (Warm-up Arena)     | TB   | ___ (Teen Booth)                     |
| OA  | ___ (Outdoor Arena)     | GSTB | ___ (Grandstand Ticket Booth)        |
| IA  | ___ (Indoor Arena)      | SL   | ___ (South Lawn)                     |
| CB  | ___ (Cattle Barn)       | FBR  | ___ (Food Booth Restrooms)           |
| SA  | ___ (Swine Arena)       | TG   | ___ (Total Grounds)                  |
| HB  | ___ (Horse Barns)       | HMB  | ___ (Holly Memorial Barn)            |
| NWL | ___ (Northwest Lawn)    | RBR  | ___ (Rodeo Booth Restrooms)          |
| RB  | ___ (Rodeo Booth)       | TB   | ___ (Ticket Booths)                  |
| CG  | ___ (Campgrounds)       | EMS  | ___ (Emergency Medical Service Bldg) |
| OT  | ___ (Offermann Trial)   | IB   | ___ (Information Booth)              |

10. Do you charge for your event? Yes \_\_\_ No \_\_\_ If yes, what is the fee? \_\_\_\_\_

11. Are you a non-profit event? Yes \_\_\_ No \_\_\_

Please share any Comments, suggestions or recommendations you may have:

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