## Function Sheet Bonner County Fairgrounds 2018

All areas are required to be filled out, signed and returned.

Name of your event:	
	Dates of duration of the Event:
	Phone:
Email Address:	Website:Cell Phone:
Date to <b>pick up</b> keys:	Date you will return all keys:
Date you will <b>begin setup:</b>	Date you will complete clean-up:
What <b>type of activities</b> will be conducted in the area(s) ye	ou rented?
	xes as to what you will require during your event ee schedule for cost of item *
*An Office Space: No [] Yes []	
*South Wing of MEB: No [ ] Yes [ ]	*Fair Staff: No [] Yes []
*Tables and Chairs: No [] Yes []	*Alcoholic Beverage: No [] Yes []
How many -Tables Chairs	*Stalls: No [ ] Yes [ ]
*The Kitchen: No [ ] Yes [ ]	
*Sound System: No [] Yes [] Where located?	*Stage: No [ ] Yes [ ] Where located?
* Equipment/Machinery: No [] Yes [] If so, what?	
	How many? How many nights? nade through the Camp Host by calling 208-304-2890. Camping Permits are ng Unit.*All large event camping must be made through fair office.
Vendor Booths: No [] Yes [] If yes, how many? _	Inside or Outside?
No vehicles, trailers, or vendors on the lawn or cement	ere must be a 20' fire lane left around the exterior of all of the buildings) area in front of Main Exhibit Building. Any vehicle, trailer, etc, blocking spense. You must provide Fair Management with a copy of completed Food od vendor at your event.
Name of concession caterer:	Contact Person:
Address:	Phone:
What <b>special services</b> *will you need? (i.e. watering/groo	oming arena, etc.)
Is there an <b>Admission Charge</b> ? No [] Yes [] If yes, w <b>Parking Charge</b> ? No [] Yes [] If yes, what is the park If you have a state Resale Certificate, Form ST 101, pleas	
Will you be filing an Idaho Sales Tax Declaration Form S Non-Profit group, provide a copy of 501-C3 or acceptable	
and a phone number. Security is required to adhere t	s [] If yes, please provide name of Security Company, the contact person, to all Bonner County Fair Rules. <b>Note; if security does not adhere to</b> es-your event will be reviewed by the Fairboard to secure future usage.
	Contact Person: Phone:
C C	
Additional Information: I hereby agree to inform Fairgrounds management of	any changes in the above information prior to or during my event.
Name of Organization:	

Authorized Representative Signature:

Office Use: Date Received: \_\_\_\_\_ Approved: \_\_\_\_\_