

General Fair Information

- #____ District Agricultural Fair
 State Agency
 County Fair
 Citrus Fruit Fair
 Nonprofit Association
 Private Association

Fair Name _____

Contact _____

City _____ State _____ Zip _____

Mailing Address _____

City _____ State _____ Zip _____

Published Address _____

Phone _____ Fax _____ Cell _____

Email _____ Website _____

Name	Email address (not published)
General Manager/CEO _____	_____
Assistant/Deputy Manager _____	_____
Business Assistant _____	_____
Entertainment Director _____	_____
Satellite Wagering Manager _____	_____

Name of Carnival _____ Total Carnival Acres _____

Number of Kids' Rides _____ Majors _____ Spectaculars _____

Food Concessions Manager _____ Office phone/extension _____

Concessions spaces available _____

Commercial Exhibits Manager _____ Office phone/extension _____

Exhibit spaces available _____

Concession/Exhibit Business Charges

- Golf Cart
 Local Business License
 RV Facilities
 Health Permit
 Possessory Interest Tax

Interim Events

List your top two major interim (non-fairtime) events).

_____ Month _____

_____ Month _____

Facility

Number of Major Buildings _____ Total Square Feet _____

Total Grandstand Seating _____ Total Bleacher Seating _____

Racetrack Size _____ Track Surface _____

Number of Horse Stalls _____ @ \$ _____ Number of Sale Rings _____

Total Parking Capability _____ Number of RV Hook-Ups _____ @ \$ _____ per day

Total Fair Attendance _____ Annual Interim Attendance _____

Total Facility use _____ Fair Dates _____

Membership Dues Structure

If your attendance is	Under 150,000	Your dues are: \$190
If your attendance is	150,000–350,000	Your dues are: \$270
If your attendance is	350,000–650,000	Your dues are: \$370
If your attendance is	650,000–950,000	Your dues are: \$480
If your attendance is	Greater than 950,000	Your dues are: \$790

WFA credential honored for gate admission? Yes No Free gate

Please invoice my fair in the amount of \$ _____ Enclosed is payment in the amount of \$ _____

Please charge my Visa MasterCard Amex Discover

Card number _____ Exp. date _____

Name on card _____ Authorized signature _____

Billing address _____ Zip _____ Card CVC code _____

Signature of Fair Manager/CEO _____ Date _____