



Cabin Fever Spring Fair

APPLICATION DATE _____

EXHIBITOR SPACE APPLICATION

FIRM OR INDIVIDUAL
NAME _____
ADDRESS _____
CITY _____ STATE & ZIP _____

REPRESENTATIVE FOR CONTACT _____
EMAIL ADDRESS _____
PHONENUMBER:(BUSINESS) _____ (RESIDENCE) _____

NAMES OF ALL PERSONS, DISTRIBUTORS, OR COMPANIES HAVING AN OWNERSHIP/INTEREST IN THIS EXHIBIT:

How many people will you need to staff your booth? _____

NAME AND DESCRIPTION OF ALL ITEMS OR SERVICES TO BE SOLD, EXHIBITED OR DISPLAYED:

Booths must be set up by 9:00a.m on the 28th. Show opens at 10:00 a.m. We are asking that the booths stay open until 6:30 pm when the concert starts but you are welcome to stay open as long as you would like.

ELECTRICAL
REQUIREMENTS _____

SPACE SIZE
10'X10' _____ 15.00 _____ How many booth spaces _____

I certify that the information on this application form is complete and true to the best of my knowledge.

SIGNATURE OF
APPLICANT _____ DATE _____

OFFICE USE ONLY
AREA AND SPACE ASSIGNED _____

Please mail to PO Box 544, Big Piney WY 83113 or fax to 307-276-3864. Call 307-749-3546 with any questions.