

Kalama Fair
July 18th - 22nd
Vendor & Game Booth Application

Business/organization/name: _____
Contact Person _____ Phone/cell _____
Fax (if available) _____ E-mail (if available) _____
Address: _____

Booth fees: Mark all that apply and then add together for total.

- _____ \$10.00 Junior operated business. (must have adult supervision for 12 and under)
- _____ \$40.00 Nonprofit organization, standard space 10x10 area.
- _____ \$50.00 Nonprofit organization, extra large space. (larger than a 10X10 area)
- _____ \$60.00 Standard space 10X10 area.
- _____ \$70.00 Extra large (larger than a 10X10 area). Space size needed _____
- _____ \$85.00 Food vendor.
- _____ \$10.00 Per electricity **110** _____ **(indicate how many)**
NOTE: PORTION OF MONEY WILL BE FORWARDED TO KALAMA LIONS CLUB FOR EACH ELECTRICITY
- _____ \$15.00 Per water hook-up
- _____ \$10.00 Vendor Pass. (ADDITIONAL VEHICLES WILL NEED ONE TO PARK IN VENDOR PARKING)
- _____ \$10.00 Overnight RV Parking.
- _____ \$ 5.00 Clean-up fee. (all vendors)
- _____ FREE Historical/Informational Booth located at front Gate. (Board Approval)
- _____ Total

Mail To: Kalama Fair
P.O. Box 546
Kalama, WA.98625

- Upon board approval, payments are non-refundable**
- Food vendors must have permit from Cowlitz County Health Dept.**
- Vendors are responsible for trash removal in front of their booths.**
- Description of what your booth provides is needed.**
- Set up time is Wednesday July 18th from 11am to 5pm.**
- Please provide all names associated with your booth. (for work passes)**
- Vehicles are NOT allowed on the fair grounds during fair opening times. Please checkout a cart if you need to move supplies. Schedules are available in the**
- Exhibitors Hall.**
- All vendors must stay open until 8pm or later and provide adequate lighting.**
- Each Vendor will receive one parking pass for vendor parking. Additional passes can be purchased for \$10.00.**

In season Fair phone number: (360) 673-5323
Vendor Coordinator Kari Chatwin karichatwin@yahoo.com

FOR FAIR USE ONLY: _____

Date application received: _____

Paid Amt. _____

Cash _____ **Check#** _____

Date receipt sent to vendor: _____

Vendor # _____