20			arlow Indep Vendor O		Fair		
Fair Dates:			v chidor (Johnaci	Note: This is	your contract if you	ur reservation is
Please Print					•	ntract is not transfe nis form for your re	rrable. Keep a copy cords.
Name:			Τϵ	elephone:			
Contact Person:							
Address:							
Location Preferred:			Se	cond Choic	ce Location:		
Items to be sold or advert				_	tted):		
g . p .		"	a:			-	t <u>Total</u>
Space Rent:							\$
Space Description:							\$ \$
Electric Hookup: Fair Passes:	110 Season	220 Membership	None None	Ots	/:		\$ \$
Tun Tusses.	Beason	Wembersinp	TVOILE	رن)	1		
					I otal Amor	unt Due: \$	
Move-In Day: Tuesd	ay (inside vend	dors) or Wednesda	ay (outside vend	ors) week o	of fair. Move-Out:	Sunday last day o	f fair <u>after</u> 4pm.
This privilege is accepted up further that the Purchaser of Implements or appurtenance stated, and in the case of such sale to the discharge of conducted to the satisfaction assumes no responsibility. State (if required). Indem. Lessee agrees to hold harm representatives, from and agand expensive.	of this Contract ces which are u ch forfeiture, sa f the amount du on of the Secre for the loss or of nification: Con nless the Barlov gainst any and a	pledges and offers to sed in transacting the aid Society shall have the. The location for so stary. Retention of the damage of Lessee's Fortractor/vendor shall we Agricultural and Mall third party claims.	o the aforesaid S e business to wh e the privilege of aid privilege to b is contract on the Property. Contract indemnify, defer dechanical Assoc, demands, action	society any a ich this privit f offering the pe assigned be e part of the ct subject to and hold ciation, Inc., ns, causes of	nd all structures occupilege pertains, as a Gues as and at Public Auction the Secretary, and the purchaser will be taken Lessee securing licensisharmless the Barlow and/or it's respective	pied or erected by his arantee for the paym on, and apply enough the business of running an as evidence of access for Department of Agricultural and Meconfficers, directors, er or damages whatsoever	m or them, all goods, ent of the sum herein n of the proceeds from ng such privilege to be eptance. Association of Agriculture of this hanical Society, Inc. nployees, agents and er and any related cost
I, the le	essee, understa	nd I am responsible	for providing n	ny own liabi	lity insurance. (initia	al here)	_
Lessee Signature:			D	Pate:			
		Full Payn	nent Due by	Move-In 1	Day of fair		
	Make Ch	ecks Payable to	: Barlow Fa	air P.O. I	Box 103, Barlow,	ОН 45713	
Received at Office Date: Receip	at #•		For the S	Society		ed: e:	