

**2012 California State Fair
Counties Exhibits
Special Assistance Request Form**

Form must be received no later than 4:30 pm, May 11, 2012.

Faxes are accepted – (916)263-7903 or mail to: Attn: Counties Exhibits, California State Fair, P.O. Box 15649, Sacramento, CA 95852 If your County does not require special assistance, no form should be submitted.

County: _____

Special Assistance Contact Person: _____

Mailing Address: _____ City: _____ Zip: _____

Phone: (_____) _____ - _____ e-mail _____

Each County will be given a maximum of two hours of Cal Expo assistance (i.e. forklift, cable attachment, boom lift) at NO charge on two specific days during exhibit set-up. Assistance provided beyond the two-hour period will be charged at the Cal Expo Reimbursable Rate for Labor and Equipment. Refer to the “Cal Expo Reimbursable Rates Labor and Equipment” Fee List.

The **Special Assistance Support dates will be June 26, June 28, July 3 and July 5 from 8:00 a.m. to 2:00 p.m.** Scheduling will be done on a first-come first-served basis. For further details refer to the Counties Exhibits Competition Handbook Special Assistance.

Electrical Requests

Maximum electrical service available to each exhibit is (1) 20 AMP circuit (which includes 4 – 110 outlets) and will be provided by the Fair. If a second outlet is required for operation, requests must be submitted no later than May 28, 2010 and be approved by the Exhibit Supervisor of Competitive Programs. If special requests are approved, work must be performed by the Fair at the expense of the exhibitor. Additional 20 amp circuits will be billed at \$100 each and deducted from award premium money.

Yes _____ No _____

If yes, please list additional electrical requests: _____

Forklift and Boom lift Requests

Yes _____ No _____ (Forklift)

If yes, circle requested date: June 26 June 28 July 3 July 5

Yes _____ No _____ (Boom lift)

If yes, circle requested date: June 26 June 28 July 3 July 5

Suspension Requests

Suspension service is available for those exhibitors needing assistance hanging exhibit components. Please indicate if suspension is needed.

Yes _____ No _____

If yes, circle requested date: June 26 June 28 July 3 July 5

If yes, please list (i.e. weight, type of suspension, item to be suspended): _____

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County: _____

Storage Requests

Please indicate the amount of storage space needed. Some corner and back wall exhibits have storage adjacent or behind the exhibit space. If additional storage is needed beyond your designated area, please indicate below.

Yes _____ No _____

_____ x _____ (square feet) dimensions of **dry storage** needed

Stud Requests

Applies to space along walls only

Yes _____ No _____

**If you have any questions or need additional information,
please call Greg Kinder at (916) 263-3033 or Carol Buchanan at (916)263-3161**