



California State Fair

2012 Counties Exhibits Entry Form

Mailing Address: Counties Exhibits
California State Fair, PO Box 15649
Sacramento, CA 95852-1538

Shipping Address: Counties Exhibits
1600 Exposition Blvd., Sacramento, CA 95815
(916) 263-3033 gkinder@calexpo.com

Entry Form Instructions:

1. Refer to Counties Exhibits Competition Handbook for complete rules, conditions and entry deadlines at www.bigfun.org.
2. Print or type all information where applicable.
3. **Fill out form STD 204 and submit with or attach to this form. Entries will not be accepted without this information.**
4. **Exhibit Representative Information, Board of Supervisor Approval, Space Selection Request and Media Distribution, must be complete and received no later than 4:30 p.m., February 10, 2012. Entries will not be accepted without this information.**
5. Mail completed entry form to the address above.

COUNTIES EXHIBITS AUTHORIZATION AND APPOINTMENT

Please Print

The Board of Supervisors of the County of _____

EXHIBIT REPRESENTATIVE INFORMATION:

- Has appointed _____ as official representative(s) of the County to be responsible for the County's exhibit and to make decisions, requests, and any protests on behalf of the County.

Title _____

Email _____

Mailing Address _____ Phone () _____

City _____ State _____ Zip _____

Shipping Address _____ Fax () _____

City _____ State _____ Zip _____

BOARD OF SUPERVISOR APPROVAL:

- This entry must be signed by the Chairman of the Board, the Clerk of the Board or the Executive Officer of the Board.

Signature _____ Printed Name _____

Title _____ Date _____

Upon signature and submission of entry form, the county agrees with, understands and accepts all rules, regulations and conditions of the Counties Exhibits Competition Handbook. County agrees to take responsibility for providing general liability insurance as outlined on the reverse side of this form.

EXHIBIT BUILDER INFORMATION:

- Builder _____ Phone () _____

Address _____

City _____ State _____ Zip _____

Email _____

When is your exhibit build start date (June 2012) _____

PREMIUM PAYEE INFORMATION

- County has authorized any award money for, or on account of, an exhibit representing said county, to be paid by the California Exposition and State Fair in Sacramento, California, to the following person(s) or organization (for the year 2012 only):

Payee Organization Name _____ Phone () _____

Payee Contact Name: _____

Payee Address _____

City _____ State _____ Zip _____ Email _____

- **All Premium Payees MUST provide their Social Security Numbers or Tax ID Number on form STD 204, Payee Data Record, which must be attached to or submitted with this Official Entry Form.**

County Name: _____

SPACE SELECTION REQUEST:

- Please indicate in the box your 1st, 2nd, 3rd and 4th choices for space design. Counties sending in the Official Entry form before or by the deadline will have consideration for their 1st choice over those counties who do not meet the deadline. **Note: There are a limited number of spaces available: Please confirm your space size before finalizing your design.**

20' x 20' Island

16' x 16' Island

16' x 16' Diamond
(partly under mezzanine)

16'x16' Back Wall

16' x 16' corner

16' x 16' and 10' x 20' combo space

MEDIA DISTRIBUTION:

The California State Fair will provide a news release to media listed below.

Please list additional newspapers or television stations on a separate page.

Newspaper Name _____ Phone () _____

Contact Person _____ Fax () _____

Position Title _____

Email _____

Address _____

City _____ State _____ Zip _____

Television Station _____ Phone () _____

Contact Person _____ Fax () _____

Position Title _____

Email _____

Address _____

City _____ State _____ Zip _____

GENERAL LIABILITY INSURANCE: At all times while the County or its agents have access to the Cal Expo grounds, (June 22, 2012 through August 6, 2012). County shall provide proof of commercial general liability insurance coverage with minimum limits of at least \$1,000,000 per occurrence combined single limit for bodily injury and property damage and cover damages for bodily injury, property damage, personal injury liability, and products and completed operations liability. The general liability insurance coverage shall include the following provision: State of California, California Exposition & State Fair, its agents, officers, directors, employees, and servants are made additional insured but only insofar as the operations under this agreement are concerned.

If County is self-insured, County must continue to be self-insured or must acquire appropriate insurance coverage.

County must submit an insurance certificate or, if self-insured, a letter confirming self-insurance to Cal Expo prior to having access to the Cal Expo grounds.

WORKERS' COMPENSATION INSURANCE: All employees or agents of County shall be covered by workers' compensation insurance as required by law.

Insurance certificates or letters are to be submitted to: Counties Exhibits, Cal Expo, P.O. Box 15649, Sacramento, CA 95852, Fax: 916-263-7903.

Office Use Only:

Postmark Date: _____ Initials: _____ Exhibit Space # _____

Plaque Received: _____ Premiums Received _____