

DATE: \_\_\_\_\_

You have booked the following date for the Santa Cruz County Fair.  
Please **COMPLETE THIS FORM** sending it back with the required fees by the due date shown

**2007 CONFIRMATION/RESERVATION/APPLICATION FORM  
SANTA CRUZ COUNTY FAIR  
2601 EAST LAKE AVENUE  
WATSONVILLE, CA 95076-1498**

Contractor(s) Name: \_\_\_\_\_  
(must be 21 years and over)

Organization/Group: \_\_\_\_\_ Non-Profit # \_\_\_\_\_  
(not Federal/State Numbers)

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone #: ( ) \_\_\_\_\_

Facility(ies) Reserved/Held: \_\_\_\_\_ Date(s): \_\_\_\_\_ Tables:  40-Long or  40-Round  
Arts Building  25-Long or Round  
(please check one  or **Long** will be given)

Event: \_\_\_\_\_ Expected Attendance: \_\_\_\_\_ (not to exceed). *References may be required for First Time Event and must be sent with Holding/Non-Refundable Deposit.*

Time Event to Begin: \_\_\_\_\_ am/pm Time Event to End: \_\_\_\_\_ am/pm  
(MUST BE COMPLETED BY CONTRACTOR. TIME SUBJECT TO CHANGE BY FAIR)  
NOTE: Events to end at 11 PM and to be in eight hour increments

Sound System Required: \_\_\_y \_\_\_n Fee for System: \$150.00 non-profit event; \$200.00 profit. SYSTEM NOT FOR BANDS

Set up times are 8:30 AM to 4:30 PM day prior to event. **ADDITIONAL \$250.00 AFTER 4:30 PM. CAN BE NO LATER THAN 9 PM** – Date: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

THE SANTA CRUZ COUNTY FAIR REQUIRES PUBLIC AND/OR LIQUOR LIABILITY INSURANCES, FAIR'S SECURITY COMPANY AND ALCOHOL CONCESSIONAIRE AS NEEDED.

**\$200.00 HOLDING/NON-REFUNDABLE DEPOSIT and Completed/Signed Form due in this office no later than 3 PM, \_\_\_\_\_ . EVENT NOT CONFIRMED UNTIL ALL MONIES AND SIGNED FORM RECEIVED IN FAIR OFFICE**

NOTE: Fairgrounds must be given 90 days written notice (verbal not accepted) from date of Event for any cancellation or monies paid shall be forfeited. Those booking less than 60 days shall forfeit all monies upon written cancellations (Holding/Non-Refundable Deposit not applicable).  
Thank you.

Contractor(s) Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_  
(must be signed)

Title: \_\_\_\_\_ (if applicable) Date: \_\_\_\_\_

FAIR USE ONLY: Date monies received: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_