

Percy Agricultural Society  
169<sup>th</sup> Warkworth Fall Fair - Sept 6-8<sup>th</sup>, 2019  
**2019 Concession Contract**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please describe the products that you will be selling or displaying:

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**Insurance Coverage**

Company Name: \_\_\_\_\_ Policy # \_\_\_\_\_

**Space**

Inside: 10' x 20' - \$50.00 _____	Outside: 20' x 30' - \$80.00 _____
10' x 10' - \$40.00 _____	20' x 20' - \$70.00 _____
Table only \$35.00 _____	Table only \$35.00 _____

Please note that only ONE table will be provided for each inside space. If you need more please add \$5.00 per table.

**Hydro Required:** YES NO

**Cheques payable to: Percy Agricultural Society**

Please read the following rules and regulations:

1. Vendors are responsible to bring anything they may require.
2. PAS reserves the right to refuse the sale of certain products at any time and to limit the number of vendors in any one category.
3. FULL payment is required for contract submission. Payments are non-refundable.
4. There will be NO exclusivity rights for any one vendor. Space will be assigned on a first paid basis.
5. Warkworth Fair is a rain or shine event. Please plan accordingly. Refunds will not be issued for inclement weather.
6. PAS requires proof of Liability Insurance for vendors. Please attach a copy to the signed contract.
7. All hydro equipment and connections must conform to CSA approved standards.
8. All FOOD vendors must return a completed Application for Special Events Permit for the Health Unit with signed contract. (copy can be found on our website)
9. PAS will NOT assume any responsibility of losses that may be incurred from theft, water damage, fire accident or any other cause. Vendors are advised to insure their own goods against any such loss.
10. No Space will be closed, vacated or removed until 4 pm SUNDAY.
11. The PAS has the right to remove any concession from the premises at any time.

I understand and agree to follow all the rules and regulations listed above.

NAME: (print) \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF CONTACT PERSON: \_\_\_\_\_

**Please return signed contract with FULL payment to:**  
Ann-Marie Switzer, P.O. Box 114, Warkworth, ON K0K 3K0