



Food Truck Vendor Contract for the Shannonville World's Fair (Aug. 23, 24 & 25)

Company Name: _____

Contact Name: _____

Address: _____

Tel. #: _____ Email: _____

Description of Products: (If needed, list of products/prices may be attached)

Name of Your Insurance Co. & Policy: _____

You may also apply for our Vendor Event Insurance Coverage during the 3 days of the fair at this link..

[https://apps.ca.ics.duuo.ca/reflink?](https://apps.ca.ics.duuo.ca/reflink?category=OB&entity=prt&view=new&prescriptionGroup=oaassvwf)

[category=OB&entity=prt&view=new&prescriptionGroup=oaassvwf](https://apps.ca.ics.duuo.ca/reflink?category=OB&entity=prt&view=new&prescriptionGroup=oaassvwf)

Check ___ if you have purchased our event policy as we will receive and email confirming your coverage.

• Number of spaces to be rented ____ @ \$100.00 per space = \$ _____

• Add \$25.00 payment if you required hydro = \$ _____

Total Payment Required = \$ _____

Select Your Method of Payment

• E-Transfer to saspayment8420@gmail.com (use security code, melrose) _____

or

• Mail cheque and Application form to Shannonville Agricultural Society, P.O. Box 228, _____
Shannonville, Ont. K0K 3OA

(E-mail completed Form to treasurersas2024@gmail.com or hard copy to above Postal address)

I have read the Food Truck Vendor information provided with this application and agree to the Terms and Conditions outlined in it. I have included all payment and pertinent paper work.

Dated this _____ day of _____ 2024

Vendor Signature: _____ Print if Digital