



Regular Vendor Contract
Shannonville World's Fair - 2024
Aug. 23, 24 & 25
(Non-Food Truck)

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 an email confirming your coverage.

(A typical space is 20' x 20' with 20' frontage where the vendor can park their vehicle beside their space.

• Number of spaces to be rented ___ @ \$25.00 per space = \$ _____

• **Total Payment Required** = \$ _____

Select Your Payment Option

• E-transfer to... saspayments8420@gmail.com (use security code... melrose) _____

or

• Mail cheque and application form to Shannonville Agricultural Society, P.O. Box 228, _____
Shannonville, Ont. K0K 3A0

Email completed form to treasurersas2024@gmail.com or hard copy mail to above Postal Address)

I have read the 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: _____ (Just print or type)