

Northwest Missouri State Fair
Exhibitor's Application

COMPANY NAME: _____
COMPANY REP.NAME: _____
EMAIL ADDRESS: _____
ADDRESS: _____
PHONE#: _____
CITY: _____ STATE _____ Zip _____

BOOTH SIZE: _____

Additional Passes for workers ___ \$8.00 or 2 for \$15.00 ___
Booth spaces start at 8x10 @ \$80.00 plus \$10.00 for each additional foot.

Please make checks payable to Bethany Fair, Inc.

_____ Full payments is enclosed \$ _____
_____ \$25.00 deposit enclosed due by July 1st.

BALANCE DUE BY AUGUST 1st.

Please mail deposit and payment to:

Bethany Fair, Inc
P.O. Box 327
Bethany Mo 64424

ALL SPACES MUST BE PAID
BY AUGUST 1st.

Return application to
Rose Fenimore
email fenimore@grm.net

***Wireless Internet will Service be available courtesy of:
Grand River Mutual Telephone Company.***