

Approval Date:

Spot Number:

(Office Use Only)

Spot Name (if any):			
Contact Person (1):			
Mailing Address:			
City:	State:	Zip Code:	
Cell Phone:	Home Phone:		
Email:			
Please List a Second Contact Person			
Contact Person (2):			
Mailing Address:			
	State:		
Cell Phone:	Home Phone:		
Email:			
I acknowledge that I have read and v	vill abide by the rules.		
Signature:		Date:	

Turn in completed Applications to



PLACERVILLE

Monday - Friday 9:00 am - 4:00 pm 100 Placerville Drive, Placerville CA 95667 530.621.5860 | Fax: 530.295.2566 fair@eldoradocountyfair.org | eldoradocountyfair.org