

2025

## Pend Oreille County Fair Educational Booth Application

Questions, contact: Sarah Thibodeau at pocfairvendor@yahoo.com

Organization or Business Name \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone/Cell \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email \_\_\_\_\_

Business ID \_\_\_\_\_

Vendor's Insurance Company Enclosed

List educational programs (Attach an additional page if necessary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Booth size:    \_\_\_ Single    \_\_\_ Double    \_\_\_ Triple

Booth location:    \_\_\_ Indoors    Electrical Needed:    \_\_\_ None

                              \_\_\_ Outdoors                               \_\_\_ 110

  \_\_\_ 220 Total Amps needed \_\_\_\_\_

The undersigned, on behalf of the organization or individual(s) named above, agree to abide by the terms of the Pend Oreille County Fair Concession Booth Policy. Proof of liability insurance is required for all vendors before setup.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail to: Pend Oreille Co. Fair  
Attention: Sarah Thibodeau  
331288 HWY 2  
Newport WA, 99156  
509-589-0982

Amount Enclosed - \_\_\_\_\_

Paid By (circle one): CASH or CHECK

Provide Check Number - \_\_\_\_\_

Receipt Number - \_\_\_\_\_