

NEW PO BOX 465 HARRISBURG, SD 57032

39th Annual Greater Sioux Falls Outdoor Show Exhibitors' Application and Contract for Space

Website: greatersiouxfallsoutdoorshow.com

Applicant: _____

Address: _____

City/State/Zip: _____

Attn: _____ Phone: _____ Email: _____

- **Show Location:** Expo Building, W.H. Lyon Fairgrounds
- **Address:** 4100 West 12th Street
- **Dates:** January 15th (Friday), 16th (Saturday), 17th (Sunday), 2027
- **Times:** Fri 2:00pm-8:00pm, Sat-10:00am-8:00pm, Sun 10:00am-4:00pm

It is agreed that booths are to be setup and ready by 1:00 P.M. Friday and are not to be taken down until 4:01 P.M. Sunday. Thursday afternoon and Friday morning are available for setup; Sunday evening for take down.

- **THE EXHIBIT NEEDS TO BE STAFFED FOR 15 MINUTES BEFORE THE SHOW OPENS EACH DAY. WE WILL NOT BE RESPONSIBLE FOR UNATTENDED BOOTHS.**
- ***YOU ARE RESPONSIBLE FOR YOUR VALUABLES AND BOOTH ITEMS. OVERNIGHT SECURITY WILL BE PROVIDED AS ADDED PROTECTION AFTER THE SHOW CLOSES.***
- BRING A NEW VENDER INTO THE SHOW AND RECEIVE A \$25 DISCOUNT
- Booth Size & Cost:

8' X 10' \$275.00 per booth, Tables \$10.00 per day, Chairs \$2.00 per day:

of Booths _____ X \$275.00 = \$ _____

of Tables _____ X # of Days _____ X \$10.00 = \$ _____

of Chairs _____ X # of Days _____ X \$2.00 = \$ _____

Other Rental Space Required Agreed Cost \$ _____

Tax 6% \$ _____

Includes electrical **Total Cost \$ _____

50% Deposit Required \$ _____

Due to high demand for booth space, a booth will not be held without a deposit.

PLEASE NOTE: By signing this contract, the Exhibitor acknowledges that he/she has read and will abide by the rules and regulations set forth herein. Also, the exhibitor further shall and will indemnify and hold harmless the GREATER SIOUX FALLS OUTDOOR SHOW and its agents from and against all liability, claims, demands, expenses, fees, fines, penalties, suits, proceedings, actions, and causes of action of any and every kind and nature arising or growing out of or in any connected with exhibitors' activities, relative to said show. The exhibitor personally guarantees full payment by the company or corporation named above and will be personally bound to pay this account.

Authorized Signature: _____ Bus. Name: _____

Make Checks Payable to and mail to:

Greater Sioux Falls Outdoor Show, PO BOX 465 Harrisburg, SD 57032

Phone: 605-366-6186 Email application to: sfpacker56@aol.com

GSFOS contact - Larry Johns: (605) 366-6186 or sfpacker56@aol.com