

2020 California Counties Exhibits Forms

County:	
Representative/Builder:	

FOR OFFICE USE ONLY

Date Received: ______ Received By: _____



Counties Exhibits Program Checklist

Below is a list of all sections listed in this packet. All sections **MUST** be marked **"X"** for completed or marked **"N/A"** for the packet to be accepted.

Please thoroughly read the contents of the California County Exhibit handbook before submitting forms.

Contact Information
Special Assistance Requests
Additional Rosette Request
Credentials Request
 Staffing Schedule
Megan's Law Form
CA Counties Showcase Board of Supervisors Approval Form



Representative/Builder Contact Information

Contact:		
Mailing Address:		
City:		Zip:
Physical Address:		
City:		Zip:
Phone:	Mobile:	
E-mail:		
Alternate Contact:		
Mailing Address:		
City:		Zip:
Physical Address:		
City:		Zip:
Phone:	Mobile:	
F-mail·		



STATE*FAIR Special Assistance Request

Electrical Requests

One (1) 20 AMP circuit is available to each exhibit space. One 20 AMP circuit includes 4-110 volt outlets. If your exhibit requires additional electrical service, requests must be approved by the Programs Director. One (1) additional 20 amp circuit will be provided free of charge, and each additional 20 amp circuit will cost \$100 per 20 amp circuit.

List and describe electrical requests for all counties:

COUNTY	REQUEST

Forklift, Boom Lift, and Suspension Requests

Special assistance dates are July 7 and July 9.

Indicate "yes" or "no" for each type of special assistance for each county.

COUNTY	FORKLIFT	BOOM LIFT	SUSPENSION (DESCRIBE WHAT IT IS AND WEIGHT)	DATE

Storage Requests

Indicate the amount of additional storage space needed. Some corner and back wall exhibits have storage adjacent to or behind the exhibit space. The maximum additional storage space is 5'x5' per county. Additional storage requests will be evaluated and granted if deemed appropriate.

COUNTY	SPACE SIZE



Orders will not be placed until payment is received.

Due by Wednesday, August 5, 2020.

ROSETTE	PRICE PER	QTY	TOTAL
Best Agricultural Presentation	\$15.00		\$
Best Craftsmanship & Design	\$15.00		\$
Best Marketing Presentation	\$15.00		\$
Best Use of Special Effects	\$15.00		\$
Best Visitor Experience	\$15.00		\$
	0	rder Total	\$

Payment Information

Pay by Check (Enclose a check, payable to "California State Fair") Pay by Credit Card (Only **VISA** or **MasterCard** accepted)

NAME ON CARD	
CARD NUMBER	
EXPIRATION DATE	BILLING ZIP CODE
*SIGNATURE	DATE

^{*}By signing this form, you agree and adhere to all terms and agreements listed.



Name on the Badge: _____

Daily Pass/Daily Car Pass: Admits 1 person for 1 day/Admits 1 car 1 time

Season Pass/Season Car Pass:	Admits 1 person each day of the fair/Admits one car each day of the fair	
Delivery Pass:	Daily deliveries between 10 p.m. and one hour prior to the fair opening	
Maintenance Badge:	Only for those persons servicing exhibits between the hours of 10 p.m. and one hour prior to opening each day of the fair.	
VIP Package: Each participating co	unty will receive 4 Daily Passes & 2 Daily Lot C Passes.	
Staff/Volunteers: Will be allotted a maximum of 4 Daily Passes & 2 Daily Car Passes per staffing day, as noted on the staffing sign-in sheets.		
Daily Passes (max. 4 per st	affing day)	
——— Daily Car Passes (max. 2 pe	er staffing day)	
Representatives/Builder(s): Will be allotted a maximum of 4 Season Passes/Season Car Passes, a maximum of 4 Delivery Passes and a maximum total of 4 Daily Passes/Daily Car Passes per county.		
Season Passes (max. 4 total)		
Season Car Passes (max. 4 total)		
Delivery Passes (max. 4 total)		
Daily Passes (max. 4 total)		
———— Daily Car Passes (max. 4 total)		
Maintenance Badge: Each County or Builder will receive a maximum of two Maintenance ID Badges. Maintenance Badges must be requested no later than Monday, June 8, 2020.		
Name on the Badge:		



County: ___

Friends of the Fair booth when the		
Please contact the Counties Exhibit Coordinator if you plan to schedule more than 4 staff per day		
NAME	TIME	SIGNATURE
FRIDAY, 7/17/2020	(BUILDING HOURS) 10 AM - 10 PM	ARRIVED ON SHIFT
SATURDAY, 7/18/2020	(BUILDING HOURS) 10 AM - 10 PM	ARRIVED ON SHIFT
SUNDAY, 7/19/2020	(BUILDING HOURS) 10 AM - 10 PM	ARRIVED ON SHIFT
MONDAY, 7/20/2020	(BUILDING HOURS) 11 AM- 10 PM	ARRIVED ON SHIFT
TUESDAY, 7/21/2020	(BUILDING HOURS) 11 AM - 10 PM	ARRIVED ON SHIFT

California STATE*FAIR Staffing Schedule (Continued)

NAME	TIME	SIGNATURE
WEDNESDAY, 7/22/2020	(BUILDING HOURS) 11 AM - 10 PM	ARRIVED ON SHIFT
THURSDAY, 7/23/2020	(BUILDING HOURS) 11 AM - 10 PM	ARRIVED ON SHIFT
FRIDAY, 7/24/2020	(BUILDING HOURS) 10 AM - 10 PM	ARRIVED ON SHIFT
SATURDAY, 7/25/2020	(BUILDING HOURS) 10 AM - 10 PM	ARRIVED ON SHIFT
SUNDAY, 7/26/2020	(BUILDING HOURS) 10 AM - 10 PM	ARRIVED ON SHIFT
MONDAY, 7/27/2020	(BUILDING HOURS) 11 AM - 10 PM	ARRIVED ON SHIFT

California STATE*FAIR Staffing Schedule (Continued)

(BUILDING HOURS) 10 AM - 10 PM	ARRIVED ON SHIFT
(BUILDING HOURS) 10 AM - 10 PM	ARRIVED ON SHIFT
(BUILDING HOURS) 10 AM - 10 PM	ARRIVED ON SHIFT
(BUILDING HOURS) 11 AM- 10 PM	ARRIVED ON SHIFT
(BUILDING HOURS) 11 AM - 10 PM	ARRIVED ON SHIFT
(BUILDING HOURS) 11 AM - 10 PM	ARRIVED ON SHIFT
	(BUILDING HOURS) 10 AM - 10 PM (BUILDING HOURS) 10 AM - 10 PM (BUILDING HOURS) 11 AM - 10 PM



California Exposition & State Fair Megan's Law Form

Department Issuing: CSF Programs Cal Expo

Contact Person: Zsi Widman, 916.263.3277 or zwidman@calexpo.com

COMPANY/ORGANIZATION/APPLICANTS NAME SUBMITTING:

POLICY: One of the fundamental responsibilities of the California Exposition & State Fair (Cal Expo) is to protect the public. In 1998, Cal Expo implemented a policy requiring that all persons conducting business with, employed by, or volunteering at Cal Expo shall provide the necessary personal information to enable their names to be searched through the Department of Justice's Megan's Law files. This file consists of records of individuals convicted of specific sex offenses who are required by Penal Code Section 290 to register as sex offenders.

This form must be completed legibly, with all the information requested, or it will not be accepted. Typewritten forms may be substituted but must contain the same information in the columnar form and be attached to this form and including names of the person/company on each page. Submit the information promptly to the Cal Expo Personnel Office prior to the event.

PRODUCT/TYPE OF SERVICE PROVIDED: Counties Exhibit		CONTA	CONTACT TELEPHONE:				
TYPE OF BUSINESS/GR	TYPE OF BUSINESS/GROUP/POSITION (CHECK ONE)						
O Contractor	O Consultant		Concessionaire				
O Exhibitor	Tenant		O Volunteer				
I certify that this is an accurate listing of all persons scheduled to work/volunteer for listed organization/business with Cal Expo. Failure to comply will be cause for rejection of the entire application.							
V							
X Signature			Date				
Signature FULL NAI (FIRST, MIDDLE	ME	DATE F BIRTH	Date DRIVER'S LICENSE/ID & ISSUING STATE	RESIDENTIAL ZIP CODE			
FULL NAI	ME	DATE	DRIVER'S LICENSE/ID	RESIDENTIAL			
FULL NAI	ME	DATE	DRIVER'S LICENSE/ID	RESIDENTIAL			
FULL NAI	ME	DATE	DRIVER'S LICENSE/ID	RESIDENTIAL			
FULL NAI	ME	DATE	DRIVER'S LICENSE/ID	RESIDENTIAL			



CA Counties Showcase Board of Supervisors Approval Form

Form Instructions:

- 1. Refer to the Competition Handbook for complete rules, conditions, and entry deadlines.
- 2. Exhibit Representative Information and Board of Supervisor Approval must be completed and received no later than 11:59 pm, April 17, 2020. Entries will not be accepted without this information.
- 3. Forms can be mailed, emailed, or faxed:

Email: ZWidman@calexpo.com Fax: (916) 263-7903 (Attn: Zsi Widman)

Mail: California Exposition & State Fair ATTN: California Counties Showcase

Counties Exhibits Authorization and Appointment

P.O. Box 15649

the reverse side of this form.

Sacramento, CA 95852

The Board of Supervisors	has appointed		
	as the official r	epresentative(s) of t	he County to be responsible
for the County's exhibit a	nd to make decisions, re	equests, and any pro	tests on behalf of the County
Requested Exhibit Six Note: There are a limited a before finalizing your des	number of spaces availa		
	○ 16 x 16 Island	O 10 x 10	○ 10 x 20
Exhibit Representativ	e Information		
Title	Org	ganization	
Phone	Cel	l Phone	
Email	Fax	ζ	
Board of Supervisors This form must be signed Officer of the Board.		Board, the Clerk of	the Board, or the Executive
Printed Name		_ Title	
Signature		Dat	re

More information is available at www.CAStateFair.org/counties. For further assistance, please contact the Exhibit Coordinator at countiesexhibits@calexpo.com or at (916) 263-3277.

Upon signature and submission of an entry form, the county agrees with, understands, and accepts all rules, regulations, and conditions of the Counties Exhibits Competition Handbook. County agrees to take responsibility for providing general liability insurance as outlined on