

Please complete and return the application below by July 1, 2019. Please include cash, money order, or a cashier's check made payable to:
Gasconade County Fair Association
c/o Shyla Baxter
4500 Baxter Rd
Bland, MO 65014

Business Name: _____

Type of Products: _____

Contact Person: _____

Street Number or PO BOX: _____

City, State: _____ Zip Code: _____

Phone #: (_____) _____

Secondary Phone #: (_____) _____

E-mail Address: _____

NOTE: PLEASE READ LETTER THOROUGHLY FOR EXPLANATION OF CHANGES IN PRICES AND PURCHASE OPTIONS.

_____ Season Passes @ \$35.00/EA: \$ _____

_____ 10ft Lot - BASIC @ \$50.00/lot: \$ _____

_____ 10ft Lot - PREMIUM @ \$75.00/lot: \$ _____

TOTAL PAYMENT DUE: \$ _____

_____ I would like the same space I had last year.

_____ I would like a different space than I had last year.

_____ Any space is sufficient.

Preferred confirmation method: Text: _____ Email: _____ Phone: _____