

Please complete and return the application below by July 1, 2025. Please include cash, money order, or a cashier's check (we do not accept personal checks) made payable to:

Gasconade County Fair Association

% Shyla Baxter
4554 Baxter Rd
Bland, MO 65014

Business Name: _____

Type of Products: _____

Contact Person: _____

Street Number or P.O. Box: _____

City, State: _____ Zip Code: _____

Phone #: _____

Secondary Phone #: _____

Email Address: _____

NOTE: PLEASE READ THE VENDOR LETTER THOROUGHLY FOR EXPLANATIONS OF PRICES AND PURCHASE OPTIONS.

_____ Season Passes @ \$50.00 each \$ _____

_____ 10 ft. lot- Basic @ \$50.00/lot \$ _____

_____ 10ft. Lot- Premium @ \$75.00/lot \$ _____

TOTAL: \$ _____

_____ 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 _____