



I, We the undersigned wish to be added to the liability insurance coverage of the Saline Community Fair for the _____ fair.

Company or Individual Name: _____

Contact Name: _____

Telephone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Space to be occupied by and used for the purpose of display and or sale of:

I agree to pay the amount of \$ _____ for this coverage to the Saline Community Fair prior to my occupying my assigned space at the _____ fair.

Signed: _____

Above Name Printed: _____

Date Signed: _____

Witness by: _____

(For fair use only)

Date of Payment: _____

Method of Payment: _____

Amount of Payment: _____

Payment received by: _____

Booth or space number: _____