

**Contract for Food Vendor Space**  
**Illinois Horse Fair March 4-6, 2022**

Firm Name		Main Phone	
ContactName		Alt Phone	
Address		Email	
City		Website	
State, Zip		Emergency Contact	

Please list items from your menu for promotional purposes:

For further information, feel free to contact Event Secretary at Phone: 217/689-4224, Ext 1  
or Email Vendor Manager: [vendorillinoishorsefair@gmail.com](mailto:vendorillinoishorsefair@gmail.com)

Email completed forms to [ihf@horsemencouncil.org](mailto:ihf@horsemencouncil.org) **OR** mail both form and payment to:  
Illinois Horse Fair, PO BOX 13374 Springfield IL, 62791

EXPO BUILDING	Total Sq. Ft.	Price per sq. ft.	Total
Main Floor: 100 sq. ft minimum			
Outdoor Bulk Space		Call for Location	Total
Outdoor Bulk (min 200 sq. ft.)	_____sq. ft		
Premium Space Upcharge **	#	Price	Total
10 x 10 end cap or corner			
Other Fees	#	Price	Total
Electric Service			
ISF Daily Fee: \$25 per day			
<b>Sub Total</b>			
<b>Credit Card Processing Fee</b>	check box if paying by Credit Card	5%	
<b>GRAND TOTAL</b>			

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Preferred Booth Numbers \_\_\_\_\_ #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_

- See rules for included passes with space reservations
- \*\* Applies to 10 x 10 end caps, and 10 x 10 corner spots

**PAYMENT METHOD:**

Check or money order accepted. Credit/Debit Accepted with 5% Processing Fee.  
\$35 fee for returned checks.

I wish to pay a 50% deposit by Check/Money Order (balance due 12/20/2021) \$ \_\_\_\_\_

I wish to pay in full by Check/Money Order \$ \_\_\_\_\_

I wish to pay minimum 50% deposit a Credit/Debit Card \$ \_\_\_\_\_

(Please add %5 Processing Fee, All Info Requested Below is Required)

Card Type \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ (Please Print)

Cardholders Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. \_\_\_/\_\_\_

3-digit Code \_\_\_\_\_

**(Card Information may also be confidentially provided by calling 217.689.4224, Ext 0)**

Cardholder Signature \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

AGREEMENT: I hereby authorize Horsemen's Council of Illinois/Illinois Horse Fair to reserve space for me. I agree to pay any remaining charges by 12/20/2021. The authorized signature on this contract signifies that I have read and understand the rules and regulations (See Vendor/Exhibitor Rules for additional insurance requirements) set forth by the Horsemen's Council of Illinois/Illinois Horse Fair for participation in this event and agree to abide by the same.

\_\_\_\_\_  
Exhibitor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
IHF Official Signature

\_\_\_\_\_  
Date

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