



REGISTRATION - STAFFORD FAIR 2011

OCTOBER 21 – 22 – 23

Location: 2135 Mountain view Road, Stafford, VA 22556

Name: _____

Address: _____

City/State/Zip _____

Phone: _____

Email: _____

Exhibitor Space Requirements _____

Description of Display _____

Registration Fee -Vendors, Sponsor or Donation Amt. \$ _____

Please remember this is an outdoor event, rain or shine, no refunds. Contact the Fair Manager for registration fee.

Mail this form to: PO Box 66, Hartwood, VA 22471

Stafford Fair members and volunteers will not be responsible for loss, theft, or damage and assume no liability for bodily injury or property damage caused by the exhibitor or action of the exhibitor. Please submit a certificate of insurance if applicable.

By signing this application, I agree to all terms and conditions.

Exhibitor Signature: _____ Date: _____

**Contact Gordon Shelton, Fair Manager /MVHS Fundraiser 540-840-8992
Email: storckroad691@aol.com. Visit our website www.staffordfair.com**