



## Event Application

*Please type or print clearly.*

### General Information

Organization/Company: \_\_\_\_\_

Contact person: \_\_\_\_\_ Title: \_\_\_\_\_

Contact person (on-site): \_\_\_\_\_ Title: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Event Information

Name of event: \_\_\_\_\_

Please describe your event and any unique features. Attach show brochures, if available:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date(s) requested, 1st choice: \_\_\_\_\_ 2nd choice: \_\_\_\_\_

Setup and tear down days/hours: \_\_\_\_\_

Daily show hours: \_\_\_\_\_

If you have a request for a specific venue, list it here: \_\_\_\_\_

Total square footage needed: \_\_\_\_\_ Space for \_\_\_\_\_ # of booths \_\_\_\_\_

Admission charge: Adult: \_\_\_\_\_ Child: \_\_\_\_\_ Seniors: \_\_\_\_\_ Other: \_\_\_\_\_

Anticipated attendance: Daily: \_\_\_\_\_ Total: \_\_\_\_\_

Catering needs:  Breakfast  Lunch  Dinner  Concessions  
 Beverages  Other: \_\_\_\_\_

Once your event has been approved, our staff will work with you to assess your labor and equipment rental needs. Please indicate any specific needs below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Show References

List three facilities where you have produced shows within the last two years. If you have no previous show experience or have not produced a similar show within the last year, please submit the New Exhibitor Attachment instead.

▶ Facility: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Contact: \_\_\_\_\_  
Event name: \_\_\_\_\_ Dates: \_\_\_\_\_  
Number of paid attendees: \_\_\_\_\_ Admission price: \_\_\_\_\_  
Brief event description: \_\_\_\_\_  
\_\_\_\_\_

▶ Facility: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Contact: \_\_\_\_\_  
Event name: \_\_\_\_\_ Dates: \_\_\_\_\_  
Number of paid attendees: \_\_\_\_\_ Admission price: \_\_\_\_\_  
Brief event description: \_\_\_\_\_  
\_\_\_\_\_

▶ Facility: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Contact: \_\_\_\_\_  
Event name: \_\_\_\_\_ Dates: \_\_\_\_\_  
Number of paid attendees: \_\_\_\_\_ Admission price: \_\_\_\_\_  
Brief event description: \_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

All applications should be mailed or faxed to:

Sales Department  
California Exposition & State Fair  
P.O. Box 15649, Sacramento, CA 95852-1649  
Fax: (916) 263-3163

This is only an application for dates. Submission of this application does not guarantee the promoter dates, nor does it constitute any agreement with Cal Expo to provide a facility or services.