



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: _____

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Street address: _____
City: _____ State: _____ Zip: _____
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Event name: _____ Dates: _____
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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.