

ORLEANS COUNTY FAIR ASSOCIATION – NORTHEAST KINGDOM EQUINE EXPO – AUGUST 2-3, 2025

www.orleanscountyfair.net

VENDOR CONTRACT

Business Name:

Contact Person:

Mailing Address:

City:

E-Mail address:

Phone Number:

State:

Zip:

Preferred Method of contact (Circle one): Email Call Text

List of items/services you will be selling/promoting:

**Space Choice**

Vendor Space (includes two passes for each day) \$50.00

**Insurance Option (Circle One)**

Concessionaire providing us private Minimum Million Dollar Insurance Liability \$0.00  
With Orleans County Fair listed on the rider  
(please enclose copy)

Concessionaire without private insurance add \$10.00 to total to be covered \$10.00  
under the fairs insurance policy

**Additional Passes**

\$10 per pass \$10.00 X \_\_\_\_\_ \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

**ORLEANS COUNTY FAIR ASSOCIATION -- NORTHEAST KINGDOM EQUINE EXPO**

**[www.orleanscountyfair.net](http://www.orleanscountyfair.net)**

**VENDOR CONTRACT**

**Camping** – There is camping available. – See the camping forms on website!

**Payments-** MAKE CHECKS PAYABLE TO: OCFA

MAIL W/ COMPLETED CONTRACT AND MONEY TO--- 278 Roaring Brook Road, Barton, VT 05822

**Important Notes-**

-No Exclusive Rights Granted.

- All Displays and Merchandise are left at your own risk. OCFA does not assume responsibility for any loss or damage.

-You MUST check in before setting up.

I have read, understand and agree to the above contract & its conditions

Vendor Signature:

Date:

**ORLEANS COUNTY FAIR ASSOCIATION -- NORTHEAST KINGDOM EQUINE EXPO**

**[www.orleanscountyfair.net](http://www.orleanscountyfair.net)**

**VENDOR CONTRACT**

Office Use Only:

Date Received

Copy Of Insurance if Available

Check Number

Check Amount

Contract Complete

Initial from OCF STAFF

Space Number: