



P.O. Box 681, Sharpsburg, MD 21782

# 2024 Washington County Ag Expo and Fair Vendor Form

\*THIS FORM IS NOT FOR FOOD VENDORS\*  
(Please fill out this form or see our website for an electronic form.)

Name of Firm/Business/Individual: \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Please provide a brief description of what you will be selling or promoting in your vendor space.

**(Please remember this form is not for Food Vendors.)**

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

### VENDOR SPACE OPTIONS

\_\_\_\_ Indoor 8' x 8'    \$300.00 (limited space available)                  \_\_\_\_\_ Outdoor 20' x 20'    \$250.00

\_\_\_\_ Outdoor 12' x 12'    \$200.00    \_\_\_\_\_ Outdoor 20' x 30'    \$350.00

Is this a free vendor space for a sponsorship?    \_\_\_\_\_ yes    \_\_\_\_\_ no

Do you need electricity? (limited availability)    \_\_\_\_\_ yes    \_\_\_\_\_ no

Type of display?                      \_\_\_\_\_ Representative Present                      \_\_\_\_\_ No Representative Present

By your signature, you agree to hold harmless the Washington County Agricultural Organization, Inc., and duly authorized representatives in all and any claims arising as a result of your presence, and further agree to bear the cost of any and all maintenance, replacement or repair expenses on the same regard.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return signed application by May 31, 2024. Please make checks payable to Washington County Agricultural Organization, Inc. Insurance (\$1,000,000 policy) naming Washington County Agricultural Organization, Inc. and the Washington County Agricultural Organization, Inc. board officers and board members as additional insured is also required.

If you have any questions concerning 2024 Washington County Ag Expo Vendor options, please contact: Charlie Toms at charlie.toms@agexpoandfair.org or at 301-573-4209.

Mail this completed form and payment to:  
Washington County Agricultural Organization, Inc.  
PO Box 681  
Sharpsburg, MD 21782

Payment (Please check one):    \_\_\_\_\_ Check Enclosed  
   \_\_\_\_\_ Credit Card (you will be contacted by our treasurer to process payment)

**\*\*\*Please note that your vendor space will only be reserved once full payment and proof of insurance has been received.\*\*\***