



Commercial Exhibit Application Form

Date (mm/dd/yy)	
------------------------	--

Business Name					
Contact Name					
Address					
City		State		Zip	
Phone		Cell		Fax	
Email		Website			

Check One

Inside 10 x10	
Outside Space	

Number of Frontage Feet Requested	
Number of Depth Feet Requested	

Electrical Requirements

AMPS - 110V	
AMPS - 220V	

Items Sold/Services Offered

List ALL items to be sold, exhibited and/or demonstrated. If you are providing a service or handing out information, please explain exactly what you will offer. If you need mores space please enclose a separate piece of paper to describe your items or services offered.

Mail or Drop off at: 229 Fairview Dr, Plymouth, WI 53073
or **Save File and Email to:** mail@ShebCoFair.com