



Lufkin Canadian Pony Chuckwagon Finals
 c/o VEGREVILLE AGRICULTURAL SOCIETY
 4753 45 Ave., Vegreville AB
 T9C 1L1
 Toll Free Registration
 1-888-611-0161
 1-780-632-3950
 Fax Registration
 1-780-632-2380

E-mail CATHY FREED re: cpcf trade show
 cat@cpcf.ca

Event Operator: Vegreville Agricultural Society and Vegreville News Advertiser, both operating as the CANADIAN PONY CHUCKWAGON FINAL (CPCF)

This form and PAYMENT must be returned to the Canadian Pony Chuckwagon Society (CPCS) at 4753 45 Avenue, Vegreville, AB T9C 1L1 BY Sept 1, 2009. Failure to complete this application will result in denial of access to the event.

Name of Event: LUFKIN CANADIAN PONY CHUCKWAGON FINAL
 Date: Friday, Saturday, Sunday, September 11-12-13, 2009
 Time of Event: Friday 3 pm Gates open to the public
 Setup Time: 7:00 a.m. 3 p.m. (if want to set up Sept 10th contact VAS at 780-632-3950)
 Take Down: After event ends at 8:00 p.m. (if want to remain until Sept 13, contact VAS)
 Fees: \$200.
 Unit Specifications: Approx. size of unit _____
 Power & water requirements _____

No Representations & Release:
 The CPCS does not guarantee attendance figures and makes no representation as to sales levels. The CPCS will not be held responsible for any damages, loss of sales, or weather conditions.

In consideration of the grant of right to operate a food concession at the LUFKIN Canadian Pony Chuckwagon Finals, and for other good and valuable consideration, the Operator for itself, its successors, assigns and insurers, remise, release and forever discharge the CPCS, and its employees, agents, volunteers, directors successors, assigns and insurers, of and from any and all manner of action and actions, cause and cause of action, suits, debts, dues, sums of money, claims and demands whatsoever at law or in equity which he ever had, or now has, or which he or his successors, assigns and insurers hereafter can, shall or may have by reason of any matter, cause or thing whatsoever relating to the grant of the food concession herein and the operation of the food concession by the Operator.

Full Legal Name of Concession: _____

Name(s) of Concession Owner(s): _____
 (jointly and severally "the Operator")

Mailing Address:
 Box/Street _____ City/Town: _____

Province: _____ Postal Code: _____ E-Mail: _____

Phone Number: () _____ Fax Number: () _____



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FOOD CONCESSIONS:

Valid Health Permit Number: _____

Please forward a copy of your permit with this application.

Name of Issuing Health Authority: _____

Phone Number of Issuing Health Authority: () _____

Describe the type of food you are selling:

Do you have certification in Food Safety? Circle one: YES NO

Please forward a copy of certificate with this application.

Check the type of service that applies:

Water Supply: Municipal Connection () Holding Tank () Devices to prevent cross-connections in use ()

Wastewater Disposal: To Municipal System () Holding Tank Only () Point of Discharge ()

Please forward a copy of proof of liability insurance (i.e. cover note from your Insurance Broker) and indicate that the Vegreville Pony Chuckwagon Society & the Vegreville Agricultural Society is named as additional name insured.

The CPCS reserves the right to accept or refuse admission of any concession to the event.