

CAPE COD FAIRGROUNDS

1220 Nathan S. Ellis Highway

East Falmouth, MA 02536

Phone: (508) 563-3200

2022 RENTAL REQUEST

Event: _____ Date of Event: _____

Contact Person: _____ E-mail: _____

Website for Event: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Cellphone: _____ Fax #: _____

Setup Day: _____ Move Out Day: _____

Type of Function: Open to Public _____ Private _____ Admission \$ _____

Hours of Event: _____ Estimated Attendance: _____

Describe Event: _____

Area of Grounds: A _____ B _____ C _____ D _____

Parking Lots: Reserved _____ 1 _____ 2 _____ 3 _____ 4 _____

Horse Ring: _____ Pony Ring: _____ Horse Barn: _____ Sheep Barn: _____

Poultry Barn: _____ Security Office: _____ Info Booth: _____ Souvenir Booth: _____

Arena Restrooms: _____ Midway Restrooms: _____ Hill Restrooms: _____

Adult Hall: _____ Youth Hall: _____ Demo Kitchen: _____ Full Kitchen: _____

Marketplace Bldg: _____ Garden Bldg: _____ Stage: _____

Main Ticket Booth: _____ West Gate Ticket Booth: _____ Main Office Building (must be approved) _____

NOTE: Camping: \$35.00 per night, per camper hookup:

Camping: On Grounds _____ (Electric & Water only) Camping: Lot 3 _____ (Full Hookups)

Tables: Y or N How many? _____ Chairs: Y or N How many? _____

Picnic tables: Y or N How many? _____ Benches: Y or N How many? _____

Panels from Livestock: Y or N How many? _____ Snow Fencing: How many feet? _____

Trash Barrels: Y or N How many? _____ Dumpster: What size? 10 yd. _____ 30 yd. _____

Labor: Parking _____ Security _____ Grounds _____ **NOTE: Labor rates vary**

Will you supply your own Insurance? Y or N Do you need Insurance from us? Y or N Insurance Cost: Varies (see note).

*****NOTE:** Insurance quotes are directly from our Insurance Agency, K & K Insurance, and cost can vary year to year and per event.

If insurance is needed, you will be notified of the cost. If you are supplying your own insurance, they MUST be submitted 2 weeks prior to event.

Event Cost (to be determined and/or subject to change): _____

Signature

Date