

Hilo Orchid Society 2018 Show
Amateur Exhibitor Agreement
(To be completed by hobbyists only)

Exhibitor's Name _____

Contact Person: _____

Mailing Address: _____
(Street or Box No.) (City) (State) (Zip)

Phone _____ E-mail _____

Estimated cost of display to be installed: \$ _____

Address for subsidy payment if different from above: _____

Please check appropriate box for the size and needs of display:

_____ Miniature 16" X 16" _____ Table Top – 6' x 30"
_____ Small Floor display – 7' x 7' _____ Small Floor Display 10' x 10'
_____ Electricity Needed
_____ Special Needs/Requests (specify) _____

Signature required:

The exhibitor agrees to abide by all of the Hilo Orchid Society Show Rules. In addition, the exhibitor assumes the entire responsibility and liability for losses, damages and claims arising out of the activities on the County of Hawai'i premises and will indemnify, defend and hold harmless the County of Hawai'i, its employees and agents and the Hilo Orchid Society, its officers, trustees, and members from and against any and all losses and claims.

Signature _____ Date _____

Please return completed form by July 4, 2018 to:

Hilo Orchid Society
c/o Karl Mendonca
PO Box 4294
Hilo, Hawaii 96720

FOR HILO ORCHID SOCIETY USE:

Application Approved: _____ Date received _____
Yes/no Proof of Expenses \$ _____ Subsidy to Exhibitor \$ _____

By: _____, Show Chairperson