



CROSS PLAINS "WORLD'S FAIR" PARTICIPATION APPLICATION

Forward completed application together with \$25.00 application fee to:
Cross Plains World Fair Executive Committee
C/O Cynde Andreas
2222 Main Street, #6
Cross Plains, WI 53528

Organizations Name: _____	Date of Application: _____
Organization Address: _____	
Organization's President _____	Phone: _____
Authorized Contact (if other than the President): _____	
Contact Address: _____	Phone: _____
Organization Structure (incorporated, Non-Profit, or other): _____	
Organization Mission Statement: _____	

1. Explain how you wish to participate with the World's Fair
2. If you plan to **generate income**, please attach a financial projection of income and expenses.
3. If you plan to **generate income**, are you aware that a check needs to be cut TO THE "Worlds Fair" 1 week after the close of the fair for 20% of your gross intake. Do you agree to this? Yes No.
4. It is possible that your organization will need to have insurance coverage for its members and/or for liability purposes. Do you have such coverage? Yes No.

What are the limits?

Who is the insurance company?
5. Will you agree to an audit of your organizations financial activities for the World's fair project? Yes No
6. Is there any thing else we should consider in order to approve your participation?