

The logo for the Iowa State Fair, featuring the text "Iowa State Fair" in white on a blue rounded rectangular background.The slogan "NOTHING COMPARES" in blue, bold, uppercase letters, positioned to the right of a vertical line.

Thank you for your interest in providing one or more of the components to complete our amusement experience at the Iowa State Fair. Enclosed is a Thrill Parks attraction specification outline and registration form you may use to formalize your interest.

The Iowa State Fair intends to provide the most entertaining, enjoyable and memorable attractions. In order to deliver on this enhanced experience we must acquire the highest quality of rides, shows, games, concessions and support equipment. Our goal is to enhance our public image by offering reasonable pricing, high productivity and wonderful customer service.

To join in the Thrill Parks experience all attractions, support equipment and services must be wholly-owned property. Privileges may not be assigned or subcontracted to any other person or firm.

When you return the submission to us, we will confirm receipt of your registration and then ask that you be patient. Your completed registration will be reviewed and placed on file for further reference and consideration for licensing at such time as an opportunity for attraction placement becomes available.

If you have any questions, please contact our Concessions Department.

Sincerely,

James P. Romer, CFE  
Concessions and  
Midway Operations Director  
phone 515.262.3111 ext.205  
fax 515.262.6906  
[www.iowastatefair.org](http://www.iowastatefair.org)

## Iowa State Fair Thrill Parks Registration Form

Firm/Individual Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Email \_\_\_\_\_

Circle type of Business:    Sole Proprietor    Partnership    Corporation

If other – please explain

On an attached sheet identified as Exhibit #1 - please provide the names and titles of all persons/officers/companies having a financial/ownership interest in the attraction(s), support equipment or service(s) proposed and the nature or extent of their interest.

On an attached sheet identified as Exhibit #2 – please provide the name of the person who will be the principal, on-site representative of the preceding attraction, support equipment or service(s) proposed.

List any/all rides, shows, games of skill, support equipment and services you wish to present for consideration and provide the following for each on an attached sheet identified as Exhibit #3:

- Rides/Shows – name, manufacturer, year of manufacture, serial number, space required to set up, dimensions when set up, any modification(s) to the attraction, electrical service required (amps, volts, single or 3 phase), pertinent technical data or requirements for consideration, number of trucks required to move, number of employees required to operate at peak load and a recent photograph of each ride/show (not more than 3 months old).
- Games of Skill – name, center or line-up, dimensions (frontage and depth, ground footprint, and any tie-ons, overhangs, awnings, trailer hitches, etc.), description of game, object of game, playing procedure and what is required to win, statement of game rules, proposed pricing schedule, i.e. price/number of tickets per game (if multiple play prices are offered, state the number of play opportunities received for each price level, e.g. 3 rings/plays for 1 ticket, 10 rings/plays for 3 tickets, etc), size(s), cost and supplier(s) for all prize stock used, number of steps or “trade-ups” in the game, if any, if the game involves “trade-up” steps, state the size(s) and cost of prize stock for each win/trade level, stock throw percentage goal, proposed method of participation in state fair promotions, electrical service required (amps, volts, single or 3 phase), pertinent technical data or requirements to operation, and a recent photograph of the equipment (not more than 3 months old).
- Support Equipment – type, manufacturer, space required for set up/operation, electrical service required (amps, single or 3 phase), pertinent technical data or requirements for operation, fee or charge for use, and a recent photograph of the equipment (not more than 3 months old).
- Services – type, experience (years) providing same, training/abilities, industry credentials, type of service, requirements, and fee or charge for service.

On an attached sheet identified as Exhibit #4 - List any/all special facilities needed (living quarters, office or storage units) with dimensions (set up, including pull-outs), utilities required and other pertinent information.

On an attached sheet identified as Exhibit #5, provide a route list of engagements for 2018 and a complete list of where the registrant has provided the attraction(s), support equipment and/or service(s) for the previous two years, including contact name, address, and telephone/fax numbers for each.

On an attached sheet identified as Exhibit #6 please provide a minimum of four (4) verifiable financial references (bank/credit organizations, attraction/equipment manufacturers, major suppliers, etc.) and one (1) insurance agency reference, including contact name, address, and telephone/fax number for each.

Signature \_\_\_\_\_ Date \_\_\_\_\_