



# 2024 Home & Sport Show Registration

March 23 - 24, 2024

Show Hours: Saturday 9am to 5pm / Sunday 11am to 4pm  
Kent Freeman Arena, 1310 Rossman Ave., Detroit Lakes, MN 56501

Return completed form with payment to: **Lake Region Builders Association**  
PO Box 1319, Detroit Lakes, MN 56502 / Fax: 218.844.5383 / E-mail: [builders@lakeregionbuilders.com](mailto:builders@lakeregionbuilders.com)

**(Booth space is not guaranteed until full payment & certificate of insurance is received.)**

Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Booth Selection

*Additional Non-Member fee is \$200.  
To become a member, visit  
[www.LakeRegionBuilders.com/Why-Join](http://www.LakeRegionBuilders.com/Why-Join)*

#### Single 10' x 10'

- Member \$505
- Non-Member (+\$200) \$705

#### Double 10' x 20'

- Member \$895
- Non-Member (+\$200) \$1095

#### Double L (corner)

- Member \$1235
- Non-Member (+\$200) \$1435

*(For Triple 10' x 30' booth select  
single + double booths noted above)*

#### Outside (limit 3)

- Member \$225
- Non-Member (+\$200) \$425

**Sub-Total \$** \_\_\_\_\_

### Booth Space Preference

- First Choice: \_\_\_\_\_
- Second Choice: \_\_\_\_\_
- Third Choice: \_\_\_\_\_

### Booth Extras

- \_\_\_ Table (6'w x 30"d - no cover)  
\$55 each
- \_\_\_ Table (8'w x 30"d - no cover)  
\$60 each
- \_\_\_ Add Cover & Skirt (black)  
\$50 each
- \_\_\_ Folding Chairs  
\$20 each
- \_\_\_ Carpet (10'x10', black)  
\$120 each
- \_\_\_ Carpet (10'x20', black)  
\$180 each

**Sub-Total \$** \_\_\_\_\_

### Sponsorships

See show sponsor flyer for details.

#### Show Sponsorship

- Member \$550
- Non-Member (+\$100) \$650

#### Bag Sponsor (limit 3)

- Members Only \$400

#### Show Directory / Map Sponsor

- Member \$300
- Non-Member (+\$100) \$400

**Sub-Total \$** \_\_\_\_\_

### Scholarships for the Trades

Please consider supporting our scholarship fund. 100% of your donation goes directly to students in our five county area who are entering into a building or related trade.

**Sub-Total \$** \_\_\_\_\_

**Total Due: \$** \_\_\_\_\_

### **Office Use Only**

Booth #: \_\_\_\_\_  Payment  Insurance  Signature

Form Rev 010224

### **Payment Info**

- Check enclosed
- Charge (circle one) Visa / Mastercard / AMEX

Name of Cardholder \_\_\_\_\_

Card # \_\_\_\_\_ Exp (MM/YY) \_\_\_\_ / \_\_\_\_ CVC \_\_\_\_\_

Billing Address of Cardholder \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_

### **Signature**

By signing, exhibitor acknowledges and agrees that they have read and understand LRBA Exhibitor Information - Rules & Regulations.

Exhibitor Signature: \_\_\_\_\_

Date: \_\_\_\_\_