FLEA MARKET CONTRACT

White River Valley Antique Association ELNORA, IN
Show Dates: September_____ Fairgrounds located on Hwy 57 S, Elnora, Indiana
Set-up Time: Mon, 1pm-8pm; Tues 8am-8pm
Vendors are to be open Wednesday-Saturday 9am-5pm or Later if desired.
I agree:

1. That the White River Valley Antique Association, their directors, and members shall not be responsible for any injury or loss of legal action that may arise or come to the exhibitor, his/her employees, or his/her family for personal injury or for damages to or loss of his goods or property (including automobiles, vehicles, equipment, and all other personal property) for injury to the public for any cause whatever while said premises are being used under this agreement. The exhibitor agrees to save and hold them harmless from any such liability out of his/her exhibiting while at the White River Valley Antique Association Inc. show. All insurance must be paid for and held by the exhibitor.
2. NO FOOD ITEMS OR FIRE ARMS can be sold in the flea market.
3. The type of merchandise I will be selling is_____
4. There will be NO REFUNDS in the event of rain or no show by you, the dealer. Any cancellations must be received by August 1. If you are unable to come to the show, Karen Dove must be notified and your space cannot be given to a friend. Karen Dove is the only one to assign spaces.
5. All vehicles and trailers must be parked outside the exhibit area during the show unless the dealer has rented enough space to put it in. NO vendor vehicles will be allowed past the outside gates after 7 am during the show. If you need to restock your booth, it must be done between 7 pm and 7 am.
6. No beer or alcoholic beverages permitted on the grounds.
7. Electrical hook-up is limited. Available on a first come basis. Keep your space and aisle in front of your area clean and free of trash.

NAME_____EMAIL_____
ADDRESS_____PHONE_____
CITY_____STATE_____ZIP_____
SIGNED_____DATE_____
SPACE SIZE AND PRICE: 20' long x 20' deep $_____each additional 10' $_____
I am enclosing $_____for a space size of _____
For insurance purposed, all exhibitors MUST BE MEMBERS.
I want _____memberships @ $20.oo each Total $_____
List names_____ _____ _____
TOTAL ENCLOSED $ _____
Make check payable to WRVAA (White River Valley Antique Assn.)

SIGN THE ABOVE CONTRACT AND RETURN WITH YOUR PAYMENT TO
Karen Dove, 6434 E 1400 N, Elnora, IN 47529 Cell (812)254-8801
Josh Dove cell (812)617-0677