

Coloma Craft and Flea Market 2018 VENDOR INFORMATION AND REGISTRATION FORM

The Coloma Area Historical Society (CAHS) is sponsoring a series of Craft and Flea Markets from May through September. Vendors are invited to sell crafts, antiques and collectibles, rummage, seasonal produce, baked goods and flea market items in an outdoor market in the Coloma Community Park, 232 S Front Street (aka CTY CH), and Coloma Fall Fest in downtown Coloma. Some sites are shaded, parking is ample, restroom facilities handy, and there is a fun playground for the kids on the grounds..

The Coloma Craft & Flea Market will be held rain or shine, from 8 am to 3 pm. Vendors will be welcomed with free coffee and a sweet during setup. Bring your own booths, or tables and chairs. Setup may begin at 7 am in your pre-assigned, pre-marked, 10x12 area immediately adjacent to the historic Spalding General Store Museum and Carriage House. Vendors are asked to clean up and take home personal belongings after the sale.

Flea market spaces are 10x12. Each space reserved 30 days, or more, before market day is \$10.00. Each space reserved less than 30 days before market day is \$15.00. Any preregistered vendor who has not checked in at the Registration Table by 7:30 am, OR notified Nancy at cell #715-570-2009, will give up their advance site and it will be reassigned. Vendors pay \$15 for an available site on market day.

Feel free to share any information available to help promote the event. For more information or forms, or reserve space, call Nancy at 715-570-2009 or email history@uniontel.net.

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Name:		Telephone:	Email:
Address:_		City:	Email: State:Zip:
Descriptio	n of items for sale:		
nclude a st	amped-self addressed	envelope if you wish to receive	CAHS for each 10X12 space - Please ive your confirmation/receipt.
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Waiver of Liability

I hereby absolve CAHS of any liability for any loss or damage to my sale items for any cause. I also realize I am personally liable for any damage or harm caused by my merchandise or by my booth set up. I have been informed that CAHS does not cover this and I will check to see if I am covered by my own insurance.

Signature:_	Date:
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