

Contract # _____

Space # _____

Infant Welfare Society of Chicago

LAKE FOREST *Antiques & Treasures in the Field*

Sunday, September 10th, 2017

I, the undersigned exhibitor, agree to pay a rental fee of \$160.00 to the Infant Welfare Society of Chicago Lake Forest Chapter for a space approximately 25' x 25' at the Infant Welfare Society *Antiques Market* to be held on Sunday, September 10th, 2017 at Deer Path Middle School, 67 West Deer Path, Lake Forest, Illinois from 9:00 A.M. to 4:00 P.M.

I agree to any sale regulations established by the IWS-LFC and shall carry such casualty and liability insurance as to hold the IWS-LFC free from all or any claims by reason of injury, accident or damage to persons or property, and I agree to keep my space free from all hazards. I further agree to exhibit continuously from 9:00 A.M. to 4:00 P.M. I agree that I will not leave the sales area or begin packing before 4:00 P.M.

I agree to collect State of Illinois sales tax (currently 7.5%) and to pay that tax to the State of Illinois.

All spaces are sold in advance only, and this contract is not transferable. Spaces cannot be shared. IWS-LFC WILL ATTEMPT TO, BUT CANNOT GUARANTEE, TO HONOR DEALER REQUESTS FOR SPECIFIC SPACE ASSIGNMENTS. Requests will be considered in order of receipt. We will try to accommodate some of the larger vehicles and allow them to park in a specified area on the grounds. All others please park in the Dealer's Lot.

Eight-foot display tables may be rented at a cost of \$15.00 per table. Tents may be rented for \$235.00 per 20' x 20' frame tent. **Reservations and payment must be made in advance.**

The Infant Welfare Society of Chicago Lake Forest Chapter reserves the right to require any exhibitor to remove sale items deemed inappropriate for sale from an exhibitor's booth at any time. Please PRINT the requested information below:

Name of Business: _____

Occupation Tax Number: _____

Primary Merchandise: _____

Exhibitor Sign to Read: _____

Name of Owner: _____

Mailing Address: _____

State, Zip: _____

Phone/Email: _____

_____ Premium (corner) Spaces @ \$185: _____

_____ Spaces @ \$160: _____

_____ Tables @ \$15: _____

_____ Tents @ \$235: _____

_____ Additional Chairs (2 included with booth) @ \$4/per: _____

Total Fee: _____

The Infant Welfare Society of Chicago Lake Forest Chapter shall not be responsible for any loss or damage to the exhibitor due to personal injury, fire, theft or any other cause whatsoever. NO RAIN DATE. NO REFUNDS.

Signature: _____ Date: _____

Make checks payable to: **Infant Welfare Society Lake Forest Chapter**

Return contract with your check (make a copy for your records)

Direct Correspondence to: Susan Rolander
250 Cherokee Road
Lake Forest, IL 60045 or 312-320-6779 or srolander@sbcglobal.net

Accepted this _____ day of _____, 2017, by the Infant Welfare Society of Chicago Lake Forest Chapter