

Contract # _____

Space # _____

Infant Welfare Society of Chicago Lake Forest Chapter

Antiques & Treasures in the Field

Sunday, September 10th, 2017 9:00 A.M. – 4:00 P.M.

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 **50th Antiques & Treasures in the Field** to be held on Sunday, September 10th, 2017 at Deer Path Middle School, 95 West Deerpath Road, 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. I agree to keep my space free from all hazards and to exhibit continuously from 9:00 A.M. to 4:00 P.M. Set-up may start as early as 6:00 A.M. I agree that I will not leave the sales area or begin packing or driving my vehicle on the field 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. 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 to park in a specified area on the grounds. All others must 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 by Friday, September 1, 2017.**

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 below:

Name of Business: _____
Occupation Tax Number: _____
Primary Merchandise: _____
Exhibitor Sign to Read: _____
Name of Owner: _____
Street Address: _____
City, State, Zip: _____
Phone/Email/Social Media: _____

_____ 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: _____

Return copy of contract with check payable to: **Infant Welfare Society Lake Forest Chapter (or LFIWS)**

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

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