

INDOOR GARAGE SALE

SATURDAY, October 20, 2018 9:00AM-2:00PM
SYRACUSE COMMUNITY CENTER



REGISTRATION: Vendors may register starting Wednesday, September 5. Payment is due at time of registration.

FEES: \$10 for a 10'x10' space. **Vendors may not register for more than one space.** A limited number of 6' tables will be available for \$5 each. Electricity is available in a limited number of spaces for \$5.

REFUNDS: Fees will be refunded if the vendor cancels by 5:00PM Friday, October 12 or if the event is cancelled.

SET-UP: Vendors can set-up from 2:00PM-7:00PM on Friday, October 19 or 7:00AM-9:00AM the morning of the event.

ITEMS: All items sold must be of a non-objectionable and legal content. We reserve the right to demand that any objectionable items be withdrawn from sale.

OCCUPATION: Vendors must be present at their booths or have a representative cover for them during the event hours from 9:00AM-2:00PM. Early tear downs will not be permitted.

LOCATION: Location requests will be granted on a first come, first serve basis.

CONCESSIONS: The Museum will be providing concessions for the event.

PARKING: Vendors are instructed to park and unload in the lot on the north side of the facility to keep the main lot open for shoppers.

EXCLUSIVITY: Booth space is available only through approval of the Syracuse Parks Department. The parks department reserves the right to add or delete booth space when necessary.

INFORMATION: For more information, contact the Syracuse Parks Department at 574-457-3440 or e-mail dlursen@syracusein.org.

REGISTRATION

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____ **EMAIL:** _____

Do you want to receive monthly e-newsletters with future Syracuse Parks program and event information? Yes ___ No ___

Please make checks payable to Syracuse Parks Department. Mail form with applicable fees to:

Syracuse Parks Department
1013 North Long Dr.
Syracuse, IN 46567

TERMS

I agree to the above terms and conditions and further hold harmless the Town of Syracuse and its agents for any claims of personal injury or property damage or loss arising out of or related to my participation.

Signature

Date

OFFICE USE ONLY

AMOUNT PAID: _____ **CHECK:** _____ **CASH:** _____ **RECEIPT:** _____ **STAFF:** _____ **DATE:** _____