

Brownsville Antique Faire

Vendor/Dealer Contract 2017

Please complete and return this form along with your check to:

Brownsville Chamber of Commerce
P O BOX 161
Brownsville, OR 97327

Owner Name _____ Business Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Cell Phone+ _____

E-Mail _____

I would like to reserve (#) _____ of 10 X 20 booths @ \$60.00

My booth preference is: 1st _____ 2nd _____ 3rd _____ (see map on back)

I AM ENCLOSING A CHECK IN THE AMOUNT OF \$ _____
(made out to Brownsville Chamber of Commerce)

Description of merchandise you will be selling:

Completion of this application and payment of the booth fee confirms you will hold harmless the City of Brownsville and the Brownsville Chamber of Commerce for responsibility or liability for any injury, damage or financial loss to body or property.

Questions ???

www.historicbrownsville.com
Email events@historicbrownsville.com
or call Joe DeZurney 541 223 3397
Monday-Friday 9:00am to 5:00 pm