

Brownsville Antique Faire

Saturday, August 4, 2018

Vendor Dealer Contract

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 spaces

Before May 15th, \$65.00 After May 15th, \$75.00

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

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

You will receive notification via email or USPS within two weeks of receipt of your application.

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 and that you have read the Official Rules and agree to abide by them.

Questions ???

<http://historicbrownsville.com>
events@historicbrownsville.com
Show Phone 541 223 3397
Monday-Friday 9:00am to 5:00 pm