



**Lower Lehigh Lions Club
Fall Flea Market
Registration Form
Saturday, September 7, 2019
8:00am - 2:30pm
Macungie Memorial Park**

Vendor Instructions: (keep this portion)

- Date/Time: **Saturday, Sept 7, 2019. Open to Public 8:00am to 2:30pm. *No Rain Date/no refunds.***
- Cost: \$20.00 for 15'x25' outdoor, grassy space. No tables/chairs provided. No electric available. Payment due with registration. Checks deposited upon receipt. They will not be held until after flea mkt.
- Make check payable to: ***Lower Lehigh Lions Foundation.*** We are a non-profit service organization. Your registration fee is a tax-deductible donation. Your generosity enables us to continue to serve others. Cancelled check serves as your receipt. Thank you for your support!
- Check-in Time: 6:00 - 7:30am day of event. Proceed to line that corresponds to the first letter of your last name. (A-K to the left & L-Z to the right). No cars allowed through after 8:00am!
- Where to Check-In: *Only* at Poplar Street entrance - (Route 100/Main Street - across from Sal's Pizza).
- No food or beverage sales/no firearms/pornography/graphic items/live animal sales allowed.
- All items must be kept within confines of your space. Your space can accommodate 1 vehicle. Additional vehicles can be parked in grassy areas beyond selling area.
- Unsold/unwanted items *must* be removed by vendor at end of day. ***No items may be left in park.***
- Cancellation due to inclement weather at discretion of Lower Lehigh Lions Club. Determination will be made by 8 pm the night before. Check our Facebook page or website for cancellation notification.

**Contact Info: Betsy Kresge, 484-764-7858 or Lionsfleamarket@gmail.com
[facebook.com/Lower-Lehigh-Lions-Club](https://www.facebook.com/Lower-Lehigh-Lions-Club)
www.e-clubhouse.org/sites/lowerlehigh/contact.php**

Complete & submit bottom portion, along with check payable to: ***'Lower Lehigh Lions Foundation.'***
Mail to: **Lower Lehigh Lions Club, c/o Betsy Kresge, 52 N. Sycamore St, Macungie, PA 18062**

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Name (please print legibly): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Number of spaces requested: _____ x \$20.00/space = **Total Payment: \$** _____

I am (check one): _____ Returning Vendor _____ New Vendor

Signed: _____ Date: _____

Office Use Only: Date Received: _____ Space(s) # _____ Check # _____