

Flea Market Registration Form

(Please print this out; complete form, and; mail or fax it back to the VPCC)

*First Name: _____ *Last Name: _____

*Company Name: _____

*Address: _____

*City: _____ *State: _____ *ZIP: _____

*Primary Phone: _____ Secondary Phone: _____

*Email Address: _____

Private Vendors

- 10 x 10 space on the infield
- Responsible for own setup (i.e. tables, chairs, tents, load-in, etc.)
- Set up time begins @ 7am
- Two (2) admission bands per space

Regular Rate (1-13-10 – 4--23-10) _____ @ \$40 each = _____

Late Registration Fee (4-23-10 – 5-7-10) by noon _____ @ \$55 each = _____

Space Number from 2009 _____

Commercial Vendors

- 20 x 20 space in Courtyard or on the infield
- Responsible for own setup (i.e. tables, chairs, tents, load-in, etc.)
- Set up time begins @ 6am
- Five (5) admission bands per space

Regular Rate (1-13-10 – 4-23-10) _____ @ \$350 each = _____

Late Registration Fee (4-23-10 – 5-7-10) by noon _____ @ \$400 each = _____

Space Number from 2009 _____

Registration must be accompanied by check or credit card (CC) payment

Please circle one: Visa MasterCard Discoverer

Credit Card Number _____ Exp Date _____

CVN Code _____

Name (as it appears on CC) _____

Mail or Fax to:

Valley Preferred Flea Market
PO Box 880
Trexlerstown, PA 18087
Phone: 610-395-7000 x 223
Fax: 610-395-7393

* Required Field