

Historic Webster FLEA MARKET Booth Rental Agreement

Saturday, June 8, 2024

9:00 AM to 4:00 PM

Please Mail Rental Agreement and Checks to: WTHS, P.O. Box 253, Dexter, Michigan 48130

Name of Individual/Group/Organization:

Contact Person:

Contact Phone:

Contact Email Address:

Mailing Address:

Number of spaces reserved: _____ Type of Merchandise _____

Nonrefundable fee/space: \$25 each _____

Total Amount Due: \$ _____

Total Paid: \$ _____ [] Check# _____ [] Cash _____ Credit card payment.

___ Visa ___ Mastercard ___ Discover/ Card # _____

Expiration Date _____ Security Code _____

Name on the card _____

Address _____ Signature _____

The above-named individual representing himself/herself, a group, or an organization acknowledges receipt of this Facilities Usage Agreement and has read, fully understands, and agrees to all provisions set forth in said agreement and such additional requirements or restrictions as may be communicated on behalf of the WTHS to the individual, group, or organization in the course of said usage.

Date: _____

Signature: _____

Printed name: _____

WTHS Facilitator

Date: _____ Contact Phone: _____

Signature: _____

Printed name: _____