Golden Spike Enterprises, Inc.

Rental Agreement/Early Admissions Form

www.gserr.com

LOCATION & DATE

SHOW 1 – 40th ANNUAL GAITHERSBURG RAILROAD – TRANSPORTATION ARTIFACTS SHOW & SALE
SUNDAY, NOVEMBER 5, 2017, 9 AM to 4 PM at the Montgomery County Fairgrounds, Gaithersburg, Maryland.

SHOW 2 – 62nd BUCKEYE RAILROAD & MODEL TRAIN SHOW & SALE
SATURDAY, DECEMBER 9, 2017, 9 AM to 4 PM in the Lausche Building, Ohio Expo Center, Columbus, Ohio.

SET UP TIMES:

DAY BEFORE:
SHOW 1 – FRIDAY, NOVEMBER 3rd, 2017 from 12:00 PM to 4:30 PM
SATURDAY, NOVEMBER 4th, 2017 from 10:00 AM to 4:00 PM
SHOW 2 – FRIDAY, DECEMBER 8th, 2017 from 11:00 AM to 5:00 PM

SHOW DAY:
SHOW 1 – SUNDAY, NOVEMBER 5th, 2017 from 7:00 AM to 9:00 AM
SHOW 2 – SATURDAY, DECEMBER 9th, 2017 from 7:00 AM to 9:00 AM

RENTAL FEE PER SHOW
SHOW 1: $75.00 PER 6' TABLE (Electric $20.00 additional)
SHOW 2: $35.00 PER 8' TABLE (Electric $50.00 in advance, $60.00 day of show)

EXHIBITOR AGREES TO:
1. Be set up by Show opening time and remain set up during all show hours.
2. Not to tack decorations or coverings to the walls or floors.

PLEASE NOTE:
1. Return the signed contract with your check and a business size #10 self-addressed stamped envelope. (If stamped envelope is not enclosed then your paid contract receipt can be picked up at the show.)
2. Two (2) tickets will be given with the purchase of the dealer space.
3. Indicate number of show flyers needed _____
4. Maximum two (2) chairs per reservation. (Additional chairs are available for $2.00 each)

EARLY ADMISSION FEE:
SHOW 1: $40.00 per person, good for all three days _____ x $40.00 = _____
SHOW 2: $20.00 per person _____ x $20.00 = _____
Please fill out the bottom portion and return with a check and a business size #10 self-addressed stamped envelope.

The undersigned hereby agrees to release Golden Spike Enterprises, Inc. for all liability, for injury, loss or damage to the property of the undersigned.

AMOUNT ENCLOSED: (include $2 for each additional chair beyond 2)

Show 1 - $75 X _____ tables = _____

Show 2 - $35 X _____ tables = _____

ADMISSION TICKET(S): (please print each full name) **ALL** names for admission tickets must be included in this contract

Return Contract to:
Charles W. Miller
3106 N. Rochester St.
Arlington, VA 22213
Phone (703) 536-2954

Show 1_____ _____

Show 2_____ _____

Name (please print)_____

Address_____

City, State, Zip_____

Date_____ Telephone ( ) _____

Signature_____ e-mail address: _____

Make Checks Payable to: Golden Spike Enterprises, Inc.

RECEIPT ACKNOWLEDGED OF $_____ FOR _____ TABLE(S) & _____ EXTRA CHAIR(S) ($2.00 each)

THIS _____ DAY OF _____ 2017 FOR _____ SHOW(S).