



47<sup>th</sup> ANNUAL ANTIQUES FAIR  
Saturday, August 25, 2018

CONTRACT APPLICATION

Exhibitor's Name \_\_\_\_\_

Business Name (for MHS Fair Dealer listing) \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

CT State Sales Tax # \_\_\_\_\_

Description of Merchandise \_\_\_\_\_

\_\_\_\_\_

Have you have been invited by a friend to participate? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please provide your friend's name: \_\_\_\_\_

If you are a returning vendor, please provide the name and contact details of friends you would like to invite to the show. \_\_\_\_\_

\_\_\_\_\_

**For every new vendor that you recommend and who sets up on the green on August 25, 2018, we will refund \$10 from your booth fee.**

Please circle the number of tear pads you would like to receive: 1 or 2

Due to postage fees, we must limit pads to 2 per dealer or you may purchase more for \$1.00 for each additional pad.

Please sign below to acknowledge that you have read and understand the terms of the contract as detailed on page three.

Signature \_\_\_\_\_

For more information, visit our website at [www.madisonhistory.org](http://www.madisonhistory.org). You can also email us at [contact@madisonhistory.org](mailto:contact@madisonhistory.org) or call the office at (203) 245-4567.