

Golden Spike Enterprises, Inc.

Rental Agreement/Early Admissions Form

www.gserr.com

LOCATION 17th TAMPA MODEL TRAIN SHOW & SALE– FLORIDA STATE FAIRGROUNDS – SPECIAL EVENTS CENTER, Tampa, FL

SHOW DATES & TIMES SATURDAY, JUNE 3, 2017, 9:00 AM to 4:00 PM at the FLORIDA STATE FAIRGROUNDS
SUNDAY, JUNE 4, 2017, 10:00 AM to 4:00 PM at the FLORIDA STATE FAIRGROUNDS

SET UP TIMES: DAY BEFORE: FRIDAY, JUNE 2, 2017 from 12:00 PM to 6:00 PM

SHOW DAYS: SATURDAY, JUNE 3, 2017 from 7:00 AM to 9:00 AM
SUNDAY, JUNE 4, 2017 from 9:00 AM TO 10:00 AM

RENTAL FEE \$60.00 PER 8' TABLE Number of tables _____ X \$60 = \$ _____

Electric prepaid order is \$85, on site \$95, this is a pass through cost; **we encourage you not to use it!**

EXHIBITOR AGREES TO:

1. Be set up by Show opening times 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 : \$20 per person, good for all three days _____ x \$20 = _____

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.

Return Contract to: AMOUNT ENCLOSED: (include \$2 for each extra chair) **ADMISSION TICKET(S):** (please print each full name)
ALL names for admission tickets must be included in this contract; **these are given out at the show.**

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

PRINT NAMES _____

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 .