



Star Flea Market.com



Registration Form

Company _____ Contact Person _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail Required _____

Retail Type of items: _____ *required

Food Vendor _____ Health Dept. # _____

Copy of License Required For Food Vendors

BOOTH SPACE FEE

\$5.00 for Sat

\$35.00 Food Vender

(NO REFUNDS)

Vender Set Up Time is 7:00am Sat

Booth space is approximately 10'x20'. Bring your own setup & cover. Outdoor event, rain or shine.

PAY WITH (CASH) – Registration

Booth Fee _____

Clean-up Deposit required (may be refunded) _____ \$5__

I have read the Policies and Procedures (online) and agree to comply with the rules of The Star Flea market.

Authorized Signature _____

Print Name _____

Call To Reserve your Spot!!

The dates for the 2009 Star Flea Market are: **April 4 2009 through November 7 2009.**

Date you plan to begin selling ____/____/____

Approximate number of Saturdays you plan to attend the Star Flea Market _____

Print the registration Form (Bring it to the flea market on Sat)

Please e-mail Registration or Fax (208) 621-2767

Contact Information: Star Flea Market (208) 286-0556

Event Coordinator: **Terrell** or email info@starfleamarket.com

Website: www.starfleamarket.com

Register early for best booth location.

Applications processed on first received basis

OFFICE USE ONLY:

Date Registration/Payment Rec'd _____ Application Reviewed _____