

Flea Market / Yard Sale

Event Code:	
Event Date:	

Mail checks to: MALC, PO Box 53, Mt Airy MD 21771

Name:	
Address:	
Phone #:	
Email Address (required):	
# of Booths: Type of Booth: Grass(\$45/ea	Booth #(s) Requested: a) Blacktop(\$45/ea) Pavilion(\$55/ea)
COVID: Unless the Star 2 are no refunds 3 This is a rain or shine of 4 An adult (18 years or of 5 Vendors are responsible 6 No items deemed unser 7 All vendors are respon 8 No food or beverages 9 An additional fee of \$3 10 Vendors must remove 11 Vendors must clear th 12 Vendors will not begin 13 NO PETS ARE ALLOWE 14 The Mt Airy Lions Club	older) must be present at each vendor site the entire day.
waive and release all rights for indemnify and hold harmless the event, including the Town of M participation in the Mt Airy Lio State of Maryland guidelines of health or safety be compromis	lay/our participation in the Mt Airy Lions Club's event, the undersigned does hereby damages that may arise out of my/our participation in the said event and agree to he Mt Airy Lions Club or any other organization or individuals participating in this Mt Airy and the Mt Airy Volunteer Fire Company. Also, in consideration of my/our ns Club Yard Sale/Flea Market, the undersigned does hereby agree to adhere to all n Covid-19 and will hold harmless all participants in the event should my/our led as a result of my/our attendance.
this document.	
Signature: Name (Printed):	Date: