

**LUZERNE COUNTY COMMUNITY COLLEGE ALUMNI ASSOCIATION  
19<sup>th</sup> ANNUAL FLEA MARKET & COLLECTIBLE SHOW  
REGISTRATION FORM**

**SATURDAY, MAY 6, 2017 • 8 AM TO 2 PM**

*Save time and register and pay online at: [www.luzerne.edu/alumni](http://www.luzerne.edu/alumni)*

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Name & Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

I plan to sell the following: *(Please be specific)* \_\_\_\_\_

\_\_\_\_\_

\*If you are a representative from a direct sales company that prohibits participation of more than one vendor at a show we will select the first response received and notify you by April 1st. As a representative of the company it is your responsibility to notify us of their rules. Thank you for your cooperation!

<b>Please register me for the following space type:</b>	
<input type="checkbox"/> Car / Minivan <u>single</u> space: \$20 (approx. 17' w x 18' deep)	<input type="checkbox"/> Car / Minivan <u>double</u> space: \$40
<input type="checkbox"/> Truck <u>single</u> space: \$30 (approx. 26' w x 18' deep)	<input type="checkbox"/> Truck <u>double</u> Space: \$60
<i>Truck size spaces include full size trucks, SUV's and vans (any vehicle longer than 17 feet)</i>	
<input type="checkbox"/> <b>Food Vendor: \$75</b> - All food vendors selling homemade / prepared food must provide both the "Certificate of Insurance" naming LCCC as the insured for the day and a copy of their Safe Serve certification prior to the show. Name of SafeServe person who will be present at the show: _____	
Food vendors <u>only</u> – please check here if you plan to set up Friday afternoon after 3 pm: <input type="checkbox"/>	

**Registration forms received after April 28, 2017 or at the gate the morning of the show must include a \$10 late fee in their registration payment. Food vendors will incur a \$25 late fee for setting up the day of the event without pre-registering.**  
**Refunds will not be given to no-shows or those canceling less than two weeks prior to the event.**

Enclosed in my check for \$\_\_\_\_\_ made payable to the *LCCC Alumni Association*.

\_\_\_\_\_ Yes, I'd like a supply of flyers and posters to publicize that I'll be at the event.

\_\_\_\_\_ Yes, I will sell 50/50 tickets prior to the event. Please send me a pack of 25.

**Return your payment with the completed registration form by April 28, 2017 to:**

**LUZERNE COUNTY COMMUNITY COLLEGE**

**ALUMNI ASSOCIATION**

**1333 SOUTH PROSPECT STREET, NANTICOKE, PA 18634**

For more information contact the LCCC alumni office at (570)740-0734 or e-mail: [alumni@luzerne.edu](mailto:alumni@luzerne.edu).