Lawrence Region A.A.C.A.
Swap Meet Regulation / Application Form 201___ Meet

Be sure to complete it clearly and fully, otherwise we cannot guarantee a reservation. Send the original signed form with check, credit card number, or money order for full amount of space(s) requested, to Reservation Chairman. Retain the yellow copy for your records.

By completing and submitting this Regulation / Application form and by payment for reservation of space(s) for the Lawrence Region A.A.C.A. Swap Meet, as indicated, VENDOR certifies that VENDOR has read the regulations for the swap meet on the reverse side hereof, and that VENDOR will abide by and be responsible to see that the regulations are followed.

Vendor's Signature	Date	Vendor Number	Email Address

Vendor's Name (Please Print Clearly or Type)	Company Name (if applicable)
Mailing Address	Company Mailing Address
City State Zip Code	City State Zip Code

Home Phone #	Cell Phone #	Business Phone #

How many vehicles will you enter through the main gate? _____

Persons who are authorized to sell vendor's merchandise in the space(s) assigned to the vendor are listed below:

Name	Address	Space #
Name	Address	Space #

Use additional sheets if necessary and attach to this sheet.

Space Assigned to Vendor

Cash ( ) Check # _____ **Money Order #** _____ **Date** _____ **Initials** _____
^(Club Member)

No. of (Reserved single) space(s). _____ **@ $40.00 = $** _____ **Space I.D. Number (s)**_____

No. of (Reserved double) space(s). _____ **@ $80.00 = $** _____ **Space I.D. Number (s)**_____

No. of (Gate single) space(s). _____ **@ $50.00 = $** _____ **Space I.D. Number (s)**_____

No. of (Gate double) space(s). _____ **@$100.00 =$** _____ **Space I.D. Number (s)**_____

PLEASE MAKE CHECKS PAYABLE TO: LAWRENCE REGION A.A.C.A.

For requested space(s) see reservation information for instructions or assign spaces to me.

Notes:

Mail to: Reservation Chairman
Lawrence Region A.A.C.A.
P.O. Box 442006
Lawrence, KS 66044

Phone: 785-843-AACA(2222)
Email: LawrenceAACA@aol.com