



apmaoffice@eschelon.com

Home of the Great Oregon Steam-Up

Show Manager: Doug Delano
503-537-4040

Swap Meet Manager: Scott Smith
541-484-6844

Powerland Office:
503-393-2424

Steam-Up Swap Meet Contract

Show Dates: July 30th and 31st AND August 6th and 7th, 2011
Swap Meet Hours: 8:00 AM – 6:00 PM (Gates open to sellers at 7:00AM)
Set-Up Thursday-Friday, July 28th -29th 9:00AM-7:00PM
We request vendors be Set-Up by Friday at 7:00PM.

GATE PASSES: You will receive two (2) gate passes for your first 20 x 20 space and one (1) additional pass for each additional 20 X 20 space. (Pass required for set-up)

Name: _____

Address: _____

Please Print Clearly !

City, State, Zip Code: _____

Phone: _____ Cell: _____

E-Mail Address: _____

Type of Merchandise: _____

Where would you like your Spaces? (See Enclosed Map) NOTE: the layout map has changed due to CAT displays. Please plan for LIMITED ACCESS to Powerland Blvd. due to CAT display area east of swap meet.

Preferred Space # _____ # _____ Next to: _____ (optional)
First Choice Second Choice Friend's Name

BEST DEAL!

SPACE RENT FOR BOTH WEEKENDS (Discounted rate & Premium spaces)

SINGLE (20 ft X 20 ft.) \$80.00 X Number of Spaces _____ \$ _____
DOUBLE (20 ft.X 40 ft.) \$140.00 X Number of Spaces _____ \$ _____

--OR--

SINGLE SPACE RENT PER WEEKEND

(20 ft. X 20 ft.) spaces \$50 per weekend

Number of spaces: First Week (July 30 & 31) _____ Second Week (Aug. 6 & 7) _____ X \$50 \$ _____

Will someone be sleeping overnight or camping in your space?

Total Number of Nights Camping _____ X \$12.00 Per Night \$ _____

(IMPORTANT: YOU MUST PAY FOR ALL NIGHTS CAMPING AT POWERLAND)

TOTAL DUE \$ _____

Make checks payable to Antique Powerland Museum Association (APMA) send ALL copies of completed contracts to: Steam-Up Swap Meet 3995 Brooklake Rd. N.E. Brooks, OR. 97303

(Must be postmarked by June 1, 2011 to receive space confirmation and gate passes in mail)

I (We) understand and agree to abide by the Swap Meet Rules & Regulations and APMA Safety Guidelines. I hereby release APMA from any and all liability concerning loss of personal property and/or personal injury that might occur either directly or indirectly from my attending the meet.

Signature (unsigned contracts will be returned) _____ Date _____

For office use (Do Not Write Below).

Please Return All Copies.

Date Paid _____ Amount \$ _____ Ck.# _____ Rec'd. By _____

Passes _____ Days: 30 31 6 7 Mailed: _____ Will-Call _____ Space Assigned _____