

ALLENTOWN BETHLEHM COIN CLUB

BOURSE CONTRACT 2022

Saturday December 03, 2022 10:00 AM to 3:00 PM

Schnecksville Volunteer Fire Company Banquet Hall 4550 Old Packhouse Rd, Schnecksville, PA 18078

Due to fire code regulations regarding hall max occupancy, we cannot allow more than 1 dealer and one assistant for a single table or 1 dealer and 2 assistants for a double table.

I (We) agree to be bound by the following terms and conditions:

Dealer agrees to hold Allentown Bethlehem Coin Club (Club) harmless from any and all liability or claim of personal injury, property damage or loss or claim arising out of activities of the dealer, their agents, or their customers. Dealer(s) further agrees that the Club is merely providing space, and that the Club will in no way be responsible for, nor party to disputes or controversies regarding sales and/or representations made by the dealer or their agents. The Club is not in any way responsible to the dealer for any LOSS by theft or otherwise. **PAYMENT IS DUE IN FULL 3 WEEKS PRIOR TO SHOW. CANCELLATION WITHIN THE 3 WEEKS BEFORE THE SHOW DATE CANNOT BE REFUNDED UNLESS TABLE(S) ARE RE-SOLD. BOOTH SIZE: PLEASE CHECK YOUR SELECTION**

TABLES

_____	SINGLE (8 FOOT TABLE)	\$90.00 ck/cash
_____	DOUBLE (CORNER L)**	\$170.00 ck/cash
_____	DOUBLE (STRAIGHT)	\$170.00 ck/cash

HALL HAS LIMITED CEILING LIGHTS. TABLE LAMPS HIGHLY RECOMMENDED!!
DUE TO LIMITED TABLE SPACE, MAX 2 TABLES PER DEALER. DEALERS WILL BE
ACCEPTED ON A FIRST COME FIRST SERVE BASIS.

FULL PAYMENT WILL BE REQUIRED WITH SIGNED CONTRACT TO SECURE TABLE(S). NO TABLES WILL BE "HELD OR RESERVED" WITHOUT FULL PAID RENTAL. Checks should be made payable to The Allentown Bethlehem Coin Club and submitted with one (1) copy of this signed contract. Send signed contract by mail w/payment or inquiries to:

ABCC
PO BOX 406
SCHNECKSVILLE, PA 18078-0406
610-434-0222

Send scanned signed contract pdf by e-mail with Paypal e-payment to: [**abcoinclub@hotmail.com**](mailto:abcoinclub@hotmail.com)

Dealer Signature: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____