

2025 EVANSVILLE COIN SHOW TERMS AND CONDITIONS

CONTACT: Scott Burkdoll, Bourse Chair- (812) 205-3488

Location: Bally's Hotel & Casino- 1st Floor Walnut Rooms

421 NW Riverside Drive, Evansville IN 47708

Set-Up: Dealers may set up starting at 7:00am

Show Hours: 9am to 3pm

*Tables are 8ft with a 6ft back table, two (2) chairs and access to an electrical outlet.

*Each dealer is responsible for securing and insuring their own property.

*The Evansville Coin Club assumes NO liability for any loss of a dealer's inventory, display materials, or other property.

*No rearrangement of table layout without prior approval from show chairperson.

*No signs, banners or displays may be affixed to the walls of the Walnut Room.

*Table Fees are non-refundable except in the event of a cancellation of the coin show.

*Tables are reserved on a first-come basis and assigned on a best-available basis. In the event multiple applications are received the same day, the earliest postmark shall have priority. In the event of any dispute, the Coin Show Chairperson shall make the final decision.

*Each dealer is responsible for abiding by all applicable statutes and ordinances.

NOTE THAT THE INDIANA DEPARTMENT OF REVENUE NO LONGER REQUIRES THE COLLECTION OF SALES TAX FOR U.S. COINS OR CURRENCY.

THE APPLICANT DEALER, ALONG WITH ITS EMPLOYEES, AGENTS AND/OR ASSIGNS, HEREBY AGREES TO ASSUME ALL RISK OF LOSS, DAMAGE OR INJURY TO PERSON OR PROPERTY FOR ANY CAUSE OR REASON, AND HEREBY RELEASES THE EVANSVILLE COIN CLUB, ITS MEMBERS, DIRECTORS, OFFICERS, AGENTS AND/OR ASSIGNS FROM ANY CLAIM OF LIABILITY FOR ANY DIRECT, INDIRECT, SPECIAL AND/OR CONSEQUENTIAL LOSS, AS WELL AS LOSS, DAMAGE, AND/OR INJURY TO PERSON OR PROPERTY.

DEALER APPLICATION

2025 EVANSVILLE COIN CLUB SHOW

BALLY'S HOTEL & CASINO- 1ST FLOOR WALNUT ROOM

BLACK FRIDAY, NOVEMBER 28TH 2025

(PLEASE RETAIN A COPY OF THIS DOCUMENT FOR YOUR RECORDS)

By applying for dealer space, the undersigned agrees to abide by all the Coin Show Terms & Conditions accompanying this application.

DEALER NAME _____

MAILING ADDRESS _____

CITY, STATE, ZIP _____

PHONE NUMBER(S) _____

EMAIL ADDRESS _____

NUMBER OF TABLES _____ @ \$75.00 EACH= \$ _____

I certify that I have read, understand, and agree to all the Coin Show Terms and Conditions printed on the back of this application.

APPLICANT SIGNATURE _____ DATE _____

PAYMENT IN FULL MUST ACCOMPANY THIS APPLICATION.

REQUESTS ARE FILLED ON A BEST-AVAILABLE FIRST- COME BASIS.

MAKE CHECKS PAYABLE TO: EVANSVILLE COIN CLUB

MAIL APPLICATION AND PAYMENT TO:

EVANSVILLE COIN CLUB
3730 COVINGTON DRIVE
EVANSVILLE, IN 47725