

8<sup>th</sup> Fall COIN & COLLECTIBLES SHOW

Sponsored by the Hidalgo Coin Club of the Rio Grande Valley

DEALER / VENDOR FORM

Nov. 3 & 4, 2018....TWO DAY.... 9:00AM TO 4:00PM.....TABLES - \$50 EACH DAY

LOCATION: NOMAD SHRINE HALL, 1044 W. NOLANA LOOP, PHARR, TX. 78577

Dealer set-up will be from 6:30pm-8:30pm Friday, Nov.2nd (the night before) OR 7:30am to 9:00am on the show day. All material must be removed at the end of the show. Tables, chairs and electricity will be furnished by the Hidalgo Coin Club. Dealers must furnish their own covers, special lighting and extension cords.

Neither the Hidalgo Coin Club nor its members shall be responsible for any injury or loss that may occur to the Vendor for any cause whatsoever while the premises are being occupied under this agreement. It is also understood that neither the HCC nor its members are responsible for Vendor's loss of goods by burglary, robbery, fire, mysterious disappearance or theft. \*Table Assignments are on a 'First Paid, First Served' basis. **Payments accepted in cash or checks only**

Please make checks payable to: Hidalgo Coin Club and mail to: P. O. Box 2364, McAllen, TX. 78502

OR – Visit our web site to download and print this form at – [www.hidalgocoinclub.com](http://www.hidalgocoinclub.com)

Cancellations will be refunded if we receive notification from you before Oct 1, 2018 (30 days prior)

Contact Show Chairman Sam Rodio for any questions – (956) 867-1284 , E-Mail : samrodio@aol.com

DEALER / VENDOR RECEIPT

( for SHOW CHAIRMAN USE )

Vendor Name - \_\_\_\_\_ From (city) \_\_\_\_\_ Table # \_\_\_\_\_

Amount Paid - \_\_\_\_\_ Method - \_\_\_\_\_ Chairman Signature \_\_\_\_\_ Date \_\_\_\_\_

DEALER / VENDOR INFORMATION (FILL OUT COMPLETELY)

FALL COIN & COLLECTIBLES SHOW – NOV 3&4, 2018

Vendor Name: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Number of Tables – Sat. \_\_\_\_\_ x \$50& SUN \_\_\_\_\_ x\$50 each = \$ \_\_\_\_\_

Paid by: Cash \_\_\_\_\_ Check \_\_\_\_\_ Check No. \_\_\_\_\_

Table No(s). Assigned \_\_\_\_\_ (by Show Chairman)

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Show Chairman or HCC Officer

>>>> PLEASE RETURN THIS ENTIRE FORM WITH PAYMENT <<<<