

**St. Matthew the Apostle Episcopal Church
Crafts Sale / Yard Sale – March 23, 2019
Registration and Release of Liability Form**

*If paid by March 22, the cost of each space is \$25.00.
If paid on the day of the sale, the cost per space is \$30.00.*

I, the undersigned wish to reserve _____ (number of spaces) 12' by 10' space(s) at the St. Matthew Crafts Sale/Yard Sale on Saturday, **March 23, 2019**, from 8:00 AM - 3:00 PM.

You may arrive earlier to set up, but our staff will arrive at 7:00 AM. You are only permitted to set up your booth in the grassy areas as marked. Please do not set up your booth on the paved driveway.

After unloading your supplies, please park your vehicle behind the parish hall. (Go to the end of the parking lot toward the rear circular drive and look for pathway next to the dumpster. This will take you to a field parking area behind the parish hall.)

I DO AGREE TO THE FOLLOWING REGULATIONS:

I must set my booth within the 12' by 10' space provided and leave the exhibit set up for the entire length of the show (until 3:00 PM). The spaces and location are on a first come, first serve basis.

I am responsible for my own materials, equipment, set-up, chairs, tables, etc.. No electrical hookup is available. Church property is not to be defaced.

St. Matthew Church is not responsible for the weather, therefore, no refunds will be made in the event of adverse weather. Please be prepared to protect your goods. If we decide to cancel the yard sale prior to the scheduled date due to weather, it will be rescheduled. We appreciate your support of our fundraiser.

I hereby release St. Matthew the Apostle Episcopal Church and its members and employees from any and all liability for the loss of or damage to any exhibits displayed at the Craft/Yard Sale on March 23, 2019; and I further release them from any and all personal liability for personal injury or loss to me.

**I AGREE TO COMPLY WITH THE RULES AND REGULATIONS
ESTABLISHED BY ST. MATTHEW EPISCOPAL CHURCH.**

Signature: _____ Date: _____

PLEASE PRINT CLEARLY

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Phone(s): _____

Please list or briefly describe what you will be displaying: _____

Payment may be made by check or cash at the address below. If you have any questions, please call the church office.
ST. MATTHEW EPISCOPAL CHURCH † 7410 SUNSET DRIVE † MIAMI, FL 33143 † 305-665-7333