

2019 Pine Island Garden Gala Registration Form

Name: _____

Company Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____ E-Mail: _____

List of Items you will be selling:

Enclosed is my deposit of:

Card Table Area _____ \$15

10x10 Space _____ \$25

10x20 Space _____ \$50

____ I understand that a donation of 15% commission will be charged on the day's sales and the deposit will be deducted from this amount at the end of the day.

____ I acknowledge the Club's request of a donation to the Annual Raffle.

____ I understand that vendors are responsible for loading and unloading inventory and display equipment.

____ I understand that cancellation one week or sooner prior to the Gala event will require forfeiture of my deposit.

Please make check payable to: Pine Island Garden Club

Mail to: Beth Smith, PIGC 2019 Gala Chair
3107 Bracci Drive
Saint James City, FL 33956

E-Mail: gala@pineislandgardenclub.org

Phone: (410) 336-0262