Community Yard Sale at Muncy Bank Ballpark

2024 FALL Yard Sale Vendor Agreement

Yard Sale Date: Saturday, September 14, 2024

Vendor applications must be received by 5pm on September 12!

Location: Journey Bank Ballpark, 1700 W Fourth St, Williamsport PA

Time: 8:00 AM - 2:00 PM Vendor Set-Up: 6:00 AM - 8:00 AM



Rental Fees: First Vendor Space (18' x 18')

Additional Spaces (after purchase of 1st space at above rate)

\$25.00 *\$20.00 each*

Vendor Space: Each vendor will receive an 18' x 18' space.

Vendor Location: Locations will be determined by the Crosscutters upon arrival to set-up on day of sale.

Payment Policy: All rental fees are non-refundable. Payments can be made by cash, check or

credit card. Payment will not be accepted on the day of the sale.

Rainout Policy: THIS EVENT WILL BE HELD RAIN OR SHINE.

Refunds will not be given.

Tables: Each vendor is responsible for bringing their own tables or displays for their

vending space.

Electric: Electricity will not be available on-site. If electricity is needed, the vendor must

provide their own generator, and must inform the Crosscutters in advance.

Clean-Up: Each vendor is responsible for removal of all trash and merchandise in their space.

No leftover merchandise will be allowed to remain on-site, nor will it be feasible to

dispose of any unwanted merchandise or bulk trash items at Bowman Field.

All food/beverage vendors are responsible for obtaining any clearances and permits that may be required by the City of Williamsport. Vendors can contact Williamsport Bureau of Codes at (570)327-7517 for information.

Any vendor found in violation of this agreement will not be accepted back to the yard sale.

ALL FEES ARE NON-REFUNDABLE

2024 FALL Yard Sale Vendor Agreement

Name:	Phone:			
Address:				
Please provide a valid email address - we	will send any updates on th	e sale via email!		
Items to be Sold: (circle all that apply)	Food/Drink	Crafts	Household/Misc Items	
	Other:		_	
Vendor Registration - Spaces Needed		٦		
1st Space:1				
Additional Spaces:(if needed)	@ '\$20.00			
Total Payment:				
Payment Method:	Cash	Check	Credit	
	Credit Card No.			
	Exp Date		CSV	
I have read the information on this agreer will be No Refunds. I a	nent and fully understand al gree that I am responsible fo			nal. There
Vendor S	Signature		Date	

RETURN THIS FORM $\mbox{\bf WITH PAYMENT}$ TO THE WILLIAMSPORT CROSSCUTTERS:

P.O. Box 3173, 1700 W Fourth St, Williamsport PA 17701