



ARPC GUN AND SPORTSMAN SHOW SPACE APPLICATION FORM

- September 23rd & 24th 2023 -

Please fill out this application to **REQUEST** your space for this Albany Rifle and Pistol Club Gun and Sportsman Show.

Please Print - Your name (first and last): _____

Please Print - Your Business Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ E-Mail: _____

Type of Merchandise to be displayed: _____

Special Requests (electricity, table placement, extra tables etc.): _____

DO NOT SEND PAYMENT WITH THIS APPLICATION. IF WE ACCEPT YOUR APPLICATION, WE WILL SEND YOU A QUICKBOOKS INVOICE FOR PAYMENT

Tables requested: _____ Cost \$70 each: \$ _____

Spaces (no tables): _____ Cost \$70 each: \$ _____

Island Request: _____ Cost \$930: \$ _____

Electrical outlets: _____ Cost \$30: \$ _____

Total amount due if approved: \$ _____

DO NOT SEND MONEY AT THIS TIME!

LEGAL STATEMENT. The Albany Rifle and Pistol Club requires compliance with all applicable Federal, State, County and Municipal laws and ordinances. Further, Albany Rifle and Pistol Club disclaims any liability or responsibility for any act of any table holder, guest or other visitor, which might be construed as a violation of any laws, ordinances or regulations. It is the responsibility and obligation of each table holder, dealer or exhibitor to become familiar with all the laws and regulations applicable to firearms and ammunition and to abide by them. The undersigned agrees to indemnify and hold harmless the Albany Rifle and Pistol Club and its members for any negligent or intentional act. Albany Rifle and Pistol Club will not assume, nor be responsible for any liability for personal injury, theft or other losses or accidents or any illegal actions.

SIGNATURE OF APPLICANT: _____

NOTE: This is only an application to request tables for our Fall 2023 Gun Show. **DO NOT SEND MONEY AT THIS TIME!** If there is room at our show, we will contact you and send an invoice to pay for your tables. Thank you!

If you have any questions, please contact the ARPC Office at 541-491-3755 or Email office@arpc.info.

Return this form to: ARPC, 29999 SADDLE BUTTE ROAD, SHEDD, OR 97377

OFFICE USE ONLY

Date Paid _____ Amount Received _____ Cash/Check/Card _____