

Countryside Military Show 2025 Shows Table Form

Please fill out & return to the front table by 3:30pm the day of the show, by email to ChicagoMilitaryShows@gmail.com, or by mail to P.O. Box 88473 Carol Stream, IL 60188

Please Select One:

March 15th Show ____ | August 2nd Show ____ | October 4th Show ____ | All 3 Shows ____
Pre-Paid 12% Discount on All 3 Shows Only

Name: _____ Date: _____

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Phone: _____ Table Location Preference: _____

A: Number of 8' Tables Requested: (\$50 Each/\$132 Each for Year) _____ Total: \$ _____

B: Table Helper Badges Requested: _____ (1 per 1-4 Tables, 2 per 5-8 Tables, 3 per 9+)

Extra Badges: (\$20 Each Per Show) _____ Total: \$ _____

(No extra Helper Badges will be given out at the show)

Helper Names:

Total of Sections A and B: \$ _____

**PAYMENT IS REQUIRED 1 MONTH BEFORE EACH SHOW.
UNPAID TABLES WILL BE GIVEN TO A WAITLISTED VENDOR.**

(12% Discount if You Pre-Pay For All 3)

Payment: Please Pick One: Check: _____ Card (4% Fee): _____ Cash: _____

Checks can be made out to: CHICAGO MILITARY SHOWS LLC

Card payments can be handled the day of the show after 12pm or by phone (4% Fee).

Cash will be accepted in person from 12pm until 3:30pm on the day of any previous CMS show.

*Payment is due 1 month prior to show date. You will only receive your tables once you have paid for them, so please be aware that the form with payment is the only way to ensure your spot.

Please **READ** the Terms and Conditions on the back of the form & **SIGN**.

Countryside Military Show

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Terms & Conditions:

Accepting table space at this show I agree to the following conditions: I shall supervise my table(s) while being compliant with all of the rules given by Chicago Military Shows LLC, following all Federal, State, and Local laws and regulations related to the sale, purchase, and carry of firearms and all applicable business laws within the state that the show resides. I agree to remain setup and doing business at my table until the set forth time of 2:30pm CST on Saturday unless otherwise instructed by show staff or given direct permission to stop sooner by Chicago Military Shows LLC or your tables could be forfeit for future shows. I accept all risks of any damage, injury, accident, loss, and theft and hereby release Chicago Military Shows LLC and Countryside Banquets and their owners, officers, directors, employees, and affiliates from all liability. Chicago Military Shows LLC assumes no responsibility if you are unable to attend the show for any reason. If you need to cancel your tables or spots, please let us know 2 weeks before the start of the show. Failure to do so will result in loss of your tables at the next show. No refunds will be given within 2 weeks of the show unless in the case of medical emergencies. If the show is canceled due to an act of God, utility failure, or other unforeseen event your table payments will be returned. Chicago Military Shows LLC is not responsible for travel reimbursement of expenses such as, but not limited to gas, food, hotel accommodations, airfare, etc. By signing this table form you agree to the terms and conditions laid out in this agreement above and understand failure to follow any rules can result in immediate removal from the show. Filling out this form does not guarantee you a table or spot at the show and must be signed to be considered. If you have not received a confirmation from us at least 2 weeks before the show, you may contact us to check.

*Reenactors & Vehicle Owners; you are solely responsible for your personal items and or vehicles. By signing you also agree to all rules set forth by the show staff, have read these rules, and accept all risks for loss, theft, injury, or damage of your personal items. You accept responsibility for any damage done to the venue or others property by your equipment (ex. damage to stage due to a piece of gear, parking lot damage from vehicle wheels/tracks, etc.) and also agree to release Chicago Military Shows LLC and its affiliates from all liability.

Signature: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

(If Above Named is Under 18 Years Old)