

Infant Welfare Society of Chicago Lake Forest Chapter

Antiques & Treasures

Sunday, September 7th, 2025

9:00 A.M. – 4:00 P.M.

I, the undersigned exhibitor, agree to participate as a complimentary vendor at the Infant Welfare Society 57th Antiques & Treasures to be held on Sunday, September 7th, 2025 at the East Lake Forest Train Station, 691 N. Western Ave., Lake Forest, Illinois from 9:00 AM to 4:00 PM

I agree all sale regulations established by the IWS-LFC shall carry such casualty and liability insurance as to hold the IWS-LFC free from all or any claims by reason of injury, accident or damage to persons or property. I agree to keep my space free from all hazards and to exhibit continuously from 9:00 AM to 4:00 PM. I agree that I will not leave the sales area or begin packing or driving my vehicle before 4:00 PM. I agree the space will be empty by 5:30 PM.

I agree that my assigned parking space may be subject to change the weekend-of the event due to the potential for parked cars in the lot.

I agree to collect State of Illinois sales tax and to pay that tax to the State of Illinois.

Set up: Saturday, September 6th starting at 2:00 PM and continuing no later than 7:00 PM

Sunday, September 7th at 5:30 AM and must be completed by 9:00 AM

You must be packed and out of the space by 5:30 PM on September 7th

The Infant Welfare Society of Chicago Lake Forest Chapter reserves the right to require any exhibitor to remove sale items deemed inappropriate for sale from an exhibitor's booth at any time. Please PRINT below:

Name of Business: _____

Occupation Tax Number: _____

Primary Merchandise: _____

Exhibitor Sign to Read: _____

Name of Owner: _____

Street Address: _____

City, State, Zip: _____

Phone/Email/Social Media: _____

____ 10' x 20' Booth - \$225

____ 10' x 10' Booth - \$175

____ Tables - \$15/each

____ Additional chairs (2 included with booth) - \$4/each

Total Fee: _____

The Infant Welfare Society of Chicago Lake Forest Chapter shall not be responsible for any loss or damage to the exhibitor due to personal injury, fire, theft or any other cause whatsoever. NO RAIN DATE.

Signature: _____ Date: _____

Return copy of contract with check payable to: **Infant Welfare Society Lake Forest Chapter (or LFIWS)**

Direct Correspondence to: Lisa Garrity

1005 E. Illinois Rd., Lake Forest, IL 60045

lfiwsdealers@gmail.com

Accepted this _____ day of _____, 2025, by the Infant Welfare Society of Chicago Lake Forest Chapter