

Parma Early Childhood PTA

Kids Resale Contract

Date: Saturday, Time: 8:00am-1:00pm

Place: Parma Senior High School, 6285 West 54th Street, Parma, OH 44129 Non-Member Fee: \$25.00 1st table rental, \$20.00 for each additional table

Member: \$20.00 1st table rental, \$15.00 for each additional table

Pay Online: Go to www.pecpta.org and pay by Paypal or credit card. Online payments ONLY.

Please read this application in its entirety.

Acceptance of the contract terms is assumed when online payment is made.

Resale Seller/Vendor Terms:

- Table fees must accompany application and is NON- refundable.
- Table(s) will not be reserved unless payment is received. Table placement is based on date table was purchased.
- Discounted price for 2nd table is only available for the person who purchases the 1st table. Please do not sell the table space to another party.
- The contact information provided by you will be used for verification, confirmation, and follow up details regarding the event. The email address provided through PayPal will be the point of contact. Items that can be sold are as follows: gently used (in good condition, NO STAINS) baby/kids clothing, toys, baby gear, maternity clothing, etc. Table renters keep all profits made, and are not permitted to sell baked goods or direct sales.
- Only ONE clothing rack will be allowed per seller.
- NO seller will be able to pack up their table prior to 1:00pm on the day of the resale. Sellers must sell until 1:00pm. In the event of an emergency, please contact a PECPTA VP of fundraising.
- The PECPTA member rate is for paid members in good standing ONLY. The PECPTA member MUST be present at the table for the duration of the sale unless volunteering at the event.

Failure to comply to contract rules will result in a 1 sale probation of the seller.

Admission will be charged to the public the day of the sale. Early bird admission is \$5 from 8:00-9:00 am, and general admission is \$1 from 9:00 am-1:00 pm.

Please contact PECPTA Fundraising at PECPTAFundraising@gmail.com with any guestions.

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Name:	Phone:	Email:		
Address:	City:	State:	Zip:	
Number of Tables:		OFFICIAL USE ONLY		
Signature of Applicant			Table #: Date Received:	