

**Freeport High School Black Alumni, Inc.
PO Box 333
Freeport, IL 61032**

**Freeport high School Black Alumni, Inc.
Market Days Application**

Name _____

Address _____

Name of Business _____

Business Address _____

Telephone Numbers:

Home _____

Business _____

Fax _____

I am applying for participation as (please check all that apply):

_____ Exhibitor

_____ Crafts

_____ Professional

_____ Other _____

Describe your entry _____

Fee is \$25.00/per space. The space measures 10' x 10' with one 6' table. Make all fees payable to FHS Black Alumni, Inc. Fees **must** accompany application. No refunds will be given. Deadline for submission of application is May 1, 2005. Acceptance notice will be sent on May 5, 2005.

I, _____ agree to hold harmless, the FHS Black Alumni, Inc. and all sub-committees therein from any and all claims of loss due to lack of profit or theft in connection with this event. I have read the above and agree to comply with the terms of this application.

Signed _____ Date _____

Frances Ammons, Market Days Chair (815)-297-9937
Rachel Sellers, Market Days Co-Chair (815)-235-9393