



# Cambria Volunteer Fire Company, Inc.

4631 Cambria-Wilson Road  
Lockport, New York 14094-9738  
(716) 434-8948 Phone  
(716) 434-3468 Fax



Dear Local Business Owner / Friend:

The Cambria Volunteer Fire Company is hosting a SUMMER FLING VENDOR SHOW / FLEA MARKET on **Saturday - June 2, 2018** (from 12 Noon to 5pm). It's never too early to make great plans!

We Are Personally Inviting you and or your business to participate in purchasing space for this event to sell your merchandise. The amount of purchase for space is:

\$ 20.00 for One (10 x 10 Space) You Provide your Canopy, Table and Chairs

\$ 35.00 for Two (10 x 10 Spaces) You Provide your Canopy, Table and Chairs

\$ 50.00 for Three (10 x 10 Spaces) You Provide your Canopy, Table and Chairs

\*\*\* If you need a Table or Chair set up. It will cost you an additional \$10.00 for both, please let me know on application \*\*\*

*(this event is on a first paid, first reserve basis. All Customers will receive a receipt for payment)*

**(YOUR PAYMENT FOR THIS EVENT IS NON- REFUNDABLE AND IS A RAIN OR SHINE EVENT)**

We would love to see you there, your local business can play such a crucial role in our fundraising, and reaching our goals to be able to purchase equipment, gear, ambulance supplies, etc....

What a great way to serve the community with your great talent, make money, advertise your business and still support the Fire Department. Our effort every year is to grow and get bigger and better.

Thank you in advance for taking the time to participate, Let's have some Summer fun, meet new people, and make money. I am looking forward to speaking with you soon in the near future to reserve your tables. Any questions please don't hesitate to call me anytime. 716-804-4507.

Thank you, please return this application and a **"CHECK OR MONEY ORDER ONLY"** payable to: Cambria Volunteer Fire Company

Mail to:

Cambria Volunteer Fire Company  
c/o: Christina Kensinger  
PO Box 591  
Niagara Falls, NY 14304

Have a Great Day!  
Best Wishes,

*Christina Kensinger*  
Event Chairperson

Name of Your Business: \_\_\_\_\_

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Number of Spaces Needed: \_\_\_\_\_ Additional 1 Table and 1 Chair (\$10.00 Extra) \_\_\_\_\_

Tell us about your Business: (what would you be selling) \_\_\_\_\_

**\*\* All proceeds from this function go to Cambria Volunteer Fire Company\*\***