

2024 Cleveland O Scale Show

Table Order Form

Primary Name: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (_____) _____ E-mail: _____

Vendor Passes: Vendors will be issued passes according to the following table. Additional passes are \$10.00 each

Tables	Passes
1-2	2
3-5	3
6-9	4
10+	5

Quantity	Description	Amount
	6' Table: Before 10/1/2024 \$45.00 Each	
	6' Table: After 10/1/2024 \$50.00 Each	
	Additional Vendor Passes \$10.00 Each	
	Total enclosed	

Payment in the form of a check accepted with this form

Send Checks payable to: **Skyler Shippy, 5081 Mobile Dr, Flint, Mi 48507**

Please contact me via email at (skylersh767@gmail.com) once you have mailed your reservation form

For Show Management Use

Date Received: _____