

Table Reservation Form



2017 Gun Show Registration Form (Circle One or Both)

September 16-17 December 2-3

All Vendors Selling Merchandise Must Complete This Form Even if Your Partner is Reserving the Table.

Safety Requirements Policy – Please Read:

- No Loaded Firearms. Check them BEFORE coming to the show and again when you tie them
- All Firearms must be made safe: Locked open and tied or closed and tied so no ammunition can be introduced
- No loose ammunition or open ammunition boxes; all ammo must be boxed. (No Exceptions)
- No black powder allowed
- If a Firearm is untied for inspection, it must be retied before placing back on the table
- If table is covered, it must meet fire code requirements
- Egress and escape route must be maintained for open access at all times

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- We will confirm & guarantee advance paid reservations only. Please list the names of people at the table on back.
 - For more information call Lee at 605-209-1166 or E-mail at Larry@rcrifleclub.com
 - **ALL FEDERAL, STATE, AND LOCAL LAWS WILL APPLY**
 - Form must be printed off, filled out (Please Print), & Mailed To: Gun Show, PO Box 1945, Rapid City, SD 57709-1945

Name/Organization: _____ Show Date: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____ E-mail: _____

My Table Includes These Items: _____

Number of Tables: _____ Internet (\$10 p/day): _____ Electricity (\$10): _____ Total Enclosed: _____
Make Checks Payable Rapid City Firearms Association (RCFA)

- ___ I understand tables are \$40 unless paid 30 days prior to event, \$35 if paid in advance.
___ I understand sales tax forms must be filled out and properly filed
___ I have read the rules for the gun show I am signing for and accept full agreement and responsibility
(Please Initial That You Agree to Terms)

Signature: _____

All Profits Are Used By Rapid City Rifle Club Junior Division For Youth Training And Adult Education
Promoted by Rapid City Firearms Association and Sponsored by Rapid City Rifle Club and Junior Division

Please List Names of All Individuals Who Will Participate/Help during the Event:

_____	_____	_____
Name	Name	Name
_____	_____	_____
Name	Name	Name