Friends of the Castle Shannon Library

FLEA MARKET

Saturday, October 10, 2026

9 AM – 2 PM

In Castle Shannon Library Community Rooms

The fee to reserve a space is $15.00. The space you reserve includes a table and 2 chairs.
SPACES ARE AVAILABLE ON A FIRST-COME FIRST SERVE BASIS DETERMINED BY POSTMARK

Please fill in the **bottom** of this application form and the Castle Shannon Borough Hold Harmless agreement and mail to:

Flea Market
c/o Kathy Pattak
575 Glen Shannon Dr
Castle Shannon, PA 15234

Make checks payable to the Friends of the CS Library.

Reservations will **NOT** be taken by phone or at the library. We must receive your forms and check in the mail. You may call to inquire if your check arrived or if tables are still available. You will only be contacted if tables are no longer available to let you know you are on the waiting list. If you have participated in the past **but will not this time,** or if you have any questions, please leave a message at 412-343-2714 or email pandamom1951@gmail.com .

Rules and Other Information

1. Only **one table** per person.
2. Specific requests for table locations cannot be promised.
3. Be courteous to buyers!
4. Parking will **NOT** be available in the Emmanuel Lutheran Church lot on Pine on Saturday.. Specific instructions will be sent to those that register and be given during set up on Friday night.
5. **Set-up time is Friday Oct 9th from 6 -8:00 PM**. Please arrive by 7pm to allow enough set up time.
6. **No** refunds on spaces.
7. Table surface must be **COVERED. I**t is the vendors option to cover the products when leaving Friday night.
8. Rental space is approximately 8'.
9. **DO NOT LEAVE UNSOLD ITEMS, EMPTY BOXES, OR TRASH FOR US TO CLEAN UP!!**
9. Out of courtesy to our customers, vendors should not start to pack up before 2 PM.
10. No unlawful merchandise or perishable food can be sold.

TEAR OFF HERE **KEEP TOP PORTION**

I would like to reserve _**1**_ table for $**15.00**.

Total enclosed: $ _____ (**no cash**) Date _____

Name: _____

Address: _____

Phone: _____ Email : _____

HOLD HARMLESS AGREEMENT
COMMUNITY LIBRARY OF CASTLE SHANNON

APPLICANT'S NAME_____ PHONE _____

ADDRESS_____ ZIP CODE_____

GUIDELINES

It is hereby understood that the Borough of Castle Shannon will make available public Parks, recreation areas, and structures of other facilities owned and maintained by said Borough, and that I/we, the undersigned, acting on behalf of all participants, hold harmless the Borough of Castle Shannon and the Community Library of Castle Shannon and their officials, agents, employees and volunteers, from and against all claims for injuries to our program participants or invited spectators resulting from the authorized use of these Borough facilities.

It is understood that I/we accept this condition in return for use of the public parks, recreational areas, structures or other facilities on the days and times made available according to the Borough Manager.

All participants should be notified that the Borough will not be responsible for injuries except as defined under the Political Subdivision Tort Claims Act (330-1978) and the Recreation Use and Land Water Act. We agree to notify the parents or guardians of all minors that they and not the Borough of Castle Shannon will be responsible for expenses for medical treatment resulting from participation in any program/activity for which we have requested this authorization.

I have studied and agree to follow the guidelines. I understand that property damage, cancellation of prepaid items, use of ALCOHOLIC BEVERAGES, and failure to abide by Fire Marshall rules including a NO SMOKING policy constitute forfeiture of any monies paid to participate in this event. I agree to assume responsibility for any damage, and to leave all rooms and equipment in a neat and orderly condition.

SIGNATURE OF APPLICANT_____ DATE_____