

2027 SHOW OF SHOWS TABLE RESERVATION FORM

SOUTH WING C, KENTUCKY EXPO CENTER, LOUISVILLE, KY, USA

February 17-21, 2027

FOR OFFICE USE ONLY

CSH CHK CC # _____

AMT _____

DATE _____

INIT _____

OHIO VALLEY MILITARY SOCIETY, INC., P.O. Box 98, Batavia, OH 45103-0098, USA

VOICE: 513-245-9540 • FAX: 513-245-9541 • E-MAIL: ovms@fuse.net • WEB: www.sosovms.com

**PLEASE READ AND FILL OUT THIS FORM COMPLETELY
YOU MUST BE AN OVMS MEMBER TO APPLY FOR TABLES**

PLEASE PRINT CLEARLY

Member #: _____

Last Name _____ First Name _____

Phone _____ Company Name _____

Address _____ City _____

State _____ Zip _____ Country (If other than USA) _____

E-mail Address _____

Main Area of Merchandise(Program) _____

Received \$ _____ For _____ Table(s). Location Preference* _____

Table Rates: \$105 per 8 or 6 foot aisle table, \$125 per 6 foot wall table.

All remaining balances must be paid by **January 1st, 2027**

_____ I will need electricity for my table location. **\$185** per location.

By accepting table space, I agree to the following: Supervise my table(s) in accordance with the rules of The Ohio Valley Military Society, Inc., and The Kentucky State Fair Board (to be mailed with table confirmation), follow all Federal, State, and Local laws, rules, and regulations pertaining to firearm transactions, and to remain setup and doing business until 3 p.m. Saturday. I understand that if I violate any rules, my privilege to rent tables will be terminated. I accept risk of any loss, damage or accident, and hereby release The Ohio Valley Military Society, Inc., The Kentucky State Fair Board, their officers, directors, and employees from all liability. The Ohio Valley Military Society, Inc. assumes no responsibility for any condition that prevents a table holder from attending the show. If you will be arriving late, call the office. Table(s) not occupied by 11:00 a.m. Friday, revert back to the Society. Tables are not transferable. Location is not guaranteed, cancellations received less than 30 days before the show will not be refunded. Roll Overs are at the discretion of the OVMS and only valid for one 12 month period. The OVMS reserves the right to cancel and refund reservations at any time. Failure to follow these or any OVMS rule or regulation will result in loss of table rental privileges and or loss of membership to the OVMS

This form must be signed and dated before tables will be assigned.

Signature _____

Date _____

*LOCATION PREFERENCE

We will try to accommodate all requests for location of table(s) in the show hall. Preference will be given to table holders having the same location and quantity of tables from the previous year. First time table assignment does not guarantee that location. Requests for same location but different quantity of tables, will result in location change. Tables are NOT transferable. **ACTUAL TABLE LOCATION WILL BE PRINTED ON YOUR DEALER PACKET AVAILABLE FOR PICKUP AT THE SHOW. DEADLINE to request location JUNE 1, 2026**

**HELPER BADGES - LIMITED TO SIX (6) TOTAL BADGES
ALL HELPERS OVER 18-YRS OLD MUST BE OVMS MEMBERS.**
One (1) free helper badge for one table; two (2) free badges for two or more tables. **You, your spouse and/or children under 18-years old do not count toward the total and are free but still need a badge.** Additional helper badges can be ordered for \$80 each. List name(s) and member number of your helper(s) and family below. Badges are nontransferable. **No helper badges are issued or sold at the show.**

1. _____ Mbr# _____
2. _____ Mbr# _____
3. _____ Mbr# _____
4. _____ Mbr# _____
5. _____ Mbr# _____
6. _____ Mbr# _____

PROGRAM LISTING

All Table Holders will be listed in the program. If you DO NOT wish to be included, please check the box below.

DO NOT INCLUDE MY INFORMATION IN THE PROGRAM.

PAYMENT METHOD:

CHECK OR MONEY ORDER PAYABLE TO: **O.V.M.S.**

CREDIT CARD NUMBER

MC VISA

EXP. DATE

MONTH YEAR

SEC. CODE

Credit Card Signature _____

Office Use Only: CSH CHK CC _____ Grand Total: \$ _____