**2021 Classic Car Cruise-In**

**Event Date: Saturday August 7, 2021**

**Rain Date: Sunday, August 8, 2021**

Anticipated Attendees: 300+

**2021 SCHEDULE:**

Saturday, August 7, 2021

Set-up

Vendors 10:00am Open 11:00am – 2:00pm Clean-up 3:00pm – 4:00pm

**VENUE:**

Saint Mark’s High School

2501 Pike Creek Road

Wilmington, DE 19808

* This is an outdoor event.
* Vendors must provide their own table(s), chair(s), and tent. Vendors will be located along the perimeter of the event.

**VENDOR SPACE RENTAL FEE:**Space for one (1) standard 8’ table / $**50** Tent Setup – 10x10 / $75  
Display Trailer/Double Tent – 15x10 / $100

Reservations are filled on a first come, first served basis. Reservations must be submitted no later July 27, 2021.

***Your space is not reserved until the following is completed:***

1. Full payment of the space rental fee to CSCDE.
2. Completed copy of the “Classic Car Cruise-In Vendor Contract” is submitted to Michele Camponelli.

**For more information or to submit the Classic Car Cruise-In Vendor Contract, contact:**

LaBarre Everette

**Cancer Support Community Delaware**

4810 Lancaster Pike Wilmington, DE 19807

mcamponelli@cscde.org

**www.cancersupportdelaware.org**

**2021 Classic Car Cruise-In Vendor Contract Event**

**Date: Saturday, August 7, 2021**

**AGREEMENT BETWEEN CANCER SUPPORT COMMUNITY DELAWARE, CLASSIC CAR CRUISE IN AND**

(Business/Vendor Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cancer Support Community Delaware (CSCDE) will present the 2021 Classic Car Cruise-In fundraiser on Saturday, August 7, 2021 (Rain Date: Sunday, August 8, 2021)

1. CSCDE agrees to furnish to Exhibitor, and Exhibitor hereby reserves \_\_\_\_\_\_ space(s) at $\_\_\_\_ per space for the display and sale of Exhibitor’s merchandise during the Classic Car Cruise In.
2. Exhibitor agrees to pay CSCDE the total sum of \_\_\_\_\_\_\_\_ as rental for the space(s) reserved. The Exhibitor shall, at or before the signing of this agreement, pay to CSCDE the total space rental fee.
3. CSCDE assumes no responsibility for the collection of accounts from customers of Exhibitors.
4. Exhibitor also agrees:
   1. (a)  To assume all risk of loss (by theft or otherwise), damage, or injury to Exhibitor’s merchandise and representatives.
   2. (b)  To pay all expenses of transportation, packing and unpacking of Exhibitor’s merchandise.
   3. (c)  To complete the arrangement of Exhibitors display by not later than 10:45am on Saturday, August 7, 2021, and to open the display at 11:00am. All merchandise and equipment shall remain in place until 2:00pm on Saturday, August 7, 2021 and must be removed no more than 1 hour after closing of the event.
   4. (d)  To fill all orders by September 11, 2021, unless otherwise arranged with customer and to notify such customer immediately if delivery dates cannot be met.
   5. (e)  To save harmless CSCDE and its representatives from any claims or liability for injury, loss or damage resulting from Exhibitor’s acts or participation hereunder.
5. This agreement may be cancelled by either party hereto by providing written notice of cancellation to the other party electronically on or before July 27, 2021. Written acknowledgement of the cancellation notice must be made by the other party for the cancellation to be binding. All rental fees are non- refundable and are considered a donation to CSCDE. The donation is tax-deductible to the fullest extent allowable by law.
6. This agreement shall become binding, and the aforesaid space(s) shall be reserved for Exhibitor upon;

(a) the execution of this Agreement on behalf of CSCDR and Exhibitor; and

(b) the receipt by CSCDE of the total space rental fee from Exhibitor.

**www.cancersupportdelaware.org**

**2021 CLASSIC CAR CRUISE IN CANCER SUPPORT COMMUNITY DELAWARE**

**EXHIBITOR**

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Representative – Please Print Nicole Topkis Pickles, Executive Director

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip Code Space Rental Amount Date Received

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of company as you wish it to appear in printed materials

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**Payment Information**:

Payment Method: \_\_\_Check \_\_\_MasterCard \_\_\_Visa \_\_\_Amex

Credit Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date:

\_\_\_\_\_/\_\_\_\_\_\_ Name on Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Make checks payable to Cancer Support Community Delaware.**

**Your donation is tax-deductible to the fullest extent allowed by law. Tax ID # 51-0351863**

Please include a brief description of your product(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

οPlease provide me with a copy of this executed contract.  
οIt is not necessary to provide me with a copy of this executed contract.

**Thank you for your support!**

**www.cancersupportdelaware.org**