



11th Annual Classic Car Cruise-In
Event Date: Saturday August 5, 2023
Rain Date: Sunday, August 6, 2023
Anticipated Attendees: 300+

VENUE:

Saint Mark's High School
2501 Pike Creek Road
Wilmington, DE 19808

EVENT:

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

SCHEDULE:

Vendor set up	10-11am
Event starts	Noon
Clean up	3-4pm

VENDOR SPACE RENTAL FEE:

Standard 8' table	\$50
Tent setup 10 x 10	\$75
Display Trailer/Double Tent 15 x 10	\$100

REQUIREMENTS:

Reservations are filled on a first come, first served basis and must be submitted no later July 25, 2023.

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 Sue Ann Kane.

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

Sue Ann Kane
Cancer Support Community Delaware
4810 Lancaster Pike Wilmington, DE 19807
(302) 995-2850
sakane@cscde.org

www.cancersupportdelaware.org

11th Annual Classic Car Cruise-In Vendor Contract

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

(Business/Vendor Name) _____

Cancer Support Community Delaware (CSCDE) will present the 11th Annual Classic Car Cruise-In fundraiser on Saturday, August 5, 2023 (Rain Date: Sunday, August 6, 2023)

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:
 - (a) To assume all risk of loss (by theft or otherwise), damage, or injury to Exhibitor's merchandise and representatives.
 - (b) To pay all expenses of transportation, packing and unpacking of Exhibitor's merchandise.
 - (c) To complete the arrangement of Exhibitors display by not later than 10:45am on Saturday, August 5, 2023, and to open the display at 10:45am. All merchandise and equipment shall remain in place until 2:00pm on Saturday, August 5, 2023 and must be removed no more than 1 hour after closing of the event.
 - (d) To fill all orders by September 10, 2023, unless otherwise arranged with customer and to notify such customer immediately if delivery dates cannot be met.
 - (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 25, 2023. 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.

11TH ANNUAL CLASSIC CAR CRUISE IN EXHIBITOR CANCER SUPPORT COMMUNITY DELAWARE

By: _____

Authorized Representative—Please Print

By: _____

Nicole Topkis Pickles, Executive Director

Mailing Address

City, State, Zip Code

() _____	_____	_____	_____
Phone	Email	Rental Amount	Date Received

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: ____/____ CVV Code: _____ 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):

_____ Please provide me with a copy of this executed contract

_____ It is not necessary to provide me with a copy of this executed contract

Thank you for your Support!

**Cancer Support Community Delaware
4810 Lancaster Pike
Wilmington, DE 19807
302-995-2850**

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