



**2024 Wings of Hope**  
**Event Date: Saturday June 22, 2024**

**VENUE:**

Milton Memorial Park, 113 Union Street, Milton DE 19968

**EVENT:**

This is an outdoor rain or shine event. Vendors must provide their own table(s), chair(s), and tent. Vendors will be located along the inside perimeter of the park's walking path.

**SCHEDULE:**

Vendor set up	7:30-9am
Event starts	9am
Clean up	11:30am-12 noon

**VENDOR SPACE RENTAL FEE:**

- Space provided is enough to fit one (1) standard 8' table. Fee is **\$35 per table**
- If you wish to rent more than one table space, please be sure to let us know if you need them together.

**MERCHANDISE:**

- The sale of food, beverages, or other items requires a vendor permit. Permit Applications are available at Milton Town Hall.
- Merchandise for the Wings of Hope event must align to the theme of our event (butterfly/nature theme, cancer/health & wellness related).

**REQUIREMENTS:**

Reservations are filled on a first come, first served basis and must be submitted no later May 31, 2024.

**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 "2024 Wings of Hope Vendor Contract" is submitted to Amy Hays at ahays@cscde.org

**For more information or to submit the Wings of Hope Vendor Contract, contact:**

Amy Hays, Southern Delaware Fundraising & Outreach Associate  
**Cancer Support Community Delaware**  
18947 John J Williams Hwy, Suite 312, Rehoboth Beach DE 19971  
(302) 645-9150  
ahays@cscde.org

**[www.cancersupportdelaware.org](http://www.cancersupportdelaware.org)**

**2024 WINGS OF HOPE VENDOR CONTRACT**

**AGREEMENT BETWEEN CANCER SUPPORT COMMUNITY DELAWARE, WINGS OF HOPE AND**

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

The Cancer Support Community Delaware (CSCDE) Wings of Hope fundraiser will be presented by Incyte on Saturday June 22, 2024 (rain or shine).

1. CSCDE agrees to furnish to Exhibitor, and Exhibitor hereby reserves \_\_\_\_\_ space(s) at \$35 per space for the display and sale of Exhibitor’s merchandise during Wings of Hope.
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 8:45am on Saturday June 22, 2024, and to open the display at 9:00am. All merchandise and equipment shall remain in place until 11:30am on Saturday June 22, 2024 and must be removed no more than 1 hour after closing of the event.
  - (d) To fill all orders by July 21, 2024, 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 Friday June 7, 2024. 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.

**2024 WINGS OF HOPE IN EXHIBITOR**

**CANCER SUPPORT COMMUNITY DELAWARE**

By: \_\_\_\_\_  
Authorized Representative – Please Print

By: \_\_\_\_\_  
Amy Hays, Southern DE Fundraising & Outreach

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State, Zip Code

(\_\_\_\_) \_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Rental Amount

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Name of Company as you wish it to appear in printed materials



**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):

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\_\_\_\_\_ 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  
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