



**The Marc Deshong Annual Classic Car Cruise-In**  
**Event Date: Saturday August 2, 2025**  
**Rain Date: Sunday, August 3, 2025**  
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, 2025.

**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 Skyler Sweeney

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

Skyler Sweeney  
**Cancer Support Community Delaware**  
4810 Lancaster Pike Wilmington, DE 19807  
(302) 995-2850  
ssweeney@cscde.org

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

**The Marc Deshong 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 Marc Deshong Annual Classic Car Cruise-In fundraiser on Saturday, August 2, 2025 (Rain Date: Sunday, August 3, 2025)

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 2 2025, and to open the display at 10:45am. All merchandise and equipment shall remain in place until 2:00pm on Saturday, August 2, 2025 and must be removed no more than 1 hour after closing of the event.
  - (d) To fill all orders by September 10, 2025, 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, 2025. 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.

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):

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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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