



3rd Annual Crushin Cancer Food/Beverage Vendor Information

Event Date: Saturday, October 13, 2019

Anticipated Attendees: 100+

2019 SCHEDULE: Saturday, October 13, 2019

9:00am -11:00am - Setup	11:00a - Event opens and Show and shine parking opens
2:00pm - Show and shine judging	2:15 - Show and shine winners announced
2:30pm - Raffles drawn	3:00 - Event Ends/ Clean up

VENUE:

Eden Hill Medical Center
200 Banning St
Dover, DE 19904

- This is an outdoor event.
- If Vendor does not have a food truck, Vendor must provide their own table for their food booth.

FOOD TRUCK SPACE RENTAL FEE:

Space for one (1) standard 8' tent or food truck / \$30

Reservations are filled on a first come, first served basis. Reservations must be submitted no later than September 20, 2019.

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 "3rd Annual Crushin Cancer Food/Beverage Vendor Contract."
3. Copies of current food/beverage business license and insurance.

FOOD

Food menu must be approved by CSCDE staff in order to ensure a variety of food offerings.

For more information or to submit the 3rd Annual Crushin Cancer Vendor Contract, contact:

Jovoni Simmons, Community Liaison
Cancer Support Community Delaware
812 S. Bradford St.
Dover, DE 19904
(302) 734- 0898 / jsimmons@cscde.org



www.cancersupportdelaware.org



3rd Annual Crushin Cancer Food/Beverage Vendor Contract
Event Date: Saturday, October 13, 2019

AGREEMENT BETWEEN CANCER SUPPORT COMMUNITY DELAWARE, CRUSHIN CANCER AND

(Business/Vendor Name) _____

Cancer Support Community Delaware (CSCDE) will present the 3rd Annual Crushin Cancer fundraiser on Saturday, October 13, 2019 rain or shine.

1. CSCDE agrees to furnish to Vendor, and Vendor hereby reserves one Food Vendor Space for the display and sale of Vendor's food offerings during the Crushin Cancer.
2. Vendor agrees to pay CSCDE \$30.00 as rental for the space reserved. The Vendor 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 Vendors.
4. Food Vendor also agrees:
 - (a) To assume all risk of loss (by theft or otherwise), damage, or injury to Vendor's equipment and representatives.
 - (b) To pay all expenses of transportation, packing and unpacking of Vendor's equipment.
 - (c) To complete the arrangement of Vendor's display by not later than 7:45am on Saturday, October 13, 2019, and to open the display at 9:00am. All food shall be offered until 3:00pm Saturday, October 13, 2019 (or until sold out) and all equipment must be removed no less than 2 hours after closing of the event.
 - (d) To hold harmless CSCDE and its representatives from any claims or liability for injury, loss or damage resulting from Vendor'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 October 4, 2019. Written acknowledgement of the cancellation notice must be made by the other party for the cancellation to be binding. The rental fee of \$30.00 is non-refundable and is 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 shall be reserved for Vendor upon;
 - (a) the execution of this Agreement on behalf of CSCDE and Exhibitor; and
 - (b) the receipt by CSCDE of the total space rental fee from Exhibitor; and
 - (c) the receipt by CSCDE of a copy of a current food business license; and
 - (d) the receipt by CSCDE of a copy of a current business insurance.

**3rd ANNUAL CRUSHIN CANCER
FOOD VENDOR**

CANCER SUPPORT COMMUNITY DELAWARE

By: _____
Authorized Representative – Please Print

By: _____
Jovoni Simmons, Community Liaison

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

Please include a brief description of your food & drink offerings:

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**

- I have enclosed copies of my current food business license and insurance.
- 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!