



3rd Annual Crushin Cancer 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.
- Vendors must provide their own table and chair(s).

VENDOR SPACE RENTAL FEE:

Space for one (1) standard 8' table / \$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 Vendor Contract."

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 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

1. CSCDE agrees to furnish to Exhibitor, and Exhibitor hereby reserves _____ space(s) at \$30 per space for the display and sale of Exhibitor's merchandise during Crushin Cancer.
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 7:45am on Saturday, October 13, 2019, and to open the display at 9:00am. All merchandise and equipment shall remain in place until 3:00pm on Saturday, October, 13, 2019 and must be removed no less than 2 hours after closing of the event.
 - (d) To fill all orders by September 20, 2019, 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 October 4, 2019. 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.

**3rd ANNUAL CRUSHIN CANCER
EXHIBITOR**

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

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):

- 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!