

CARING HEARTS OF SC CAR SHOW VENDOR REGISTRATION FORM

PARTICIPANT INFO (Please print clearly):

NAME: _____

BUSINESS NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ E-MAIL: _____

MAIN PRODUCT / SERVICE: _____

Vendor Space Agreement:

Booth space is sold in approximate 10 x 10 increments. We will have your space marked and reserved for you on the day of the show.

All vendor spaces are a \$50 donation each. 100% of the donation goes to Caring Hearts of South Carolina.

I would like _____ space(s) for a total donation of \$_____.

- **No** stakes can be used to secure your tent in the pavement or grassy areas.
- Set-Up time Saturday May 4th – 7:00 – 9:00 AM
- No vehicles at vendor spots during the event
- No electricity will be provided
- You are responsible for cleaning up your area before leaving

WAIVER/RELEASE OF ORGANIZERS & SPONSORS

I have read and acknowledged the rules above. In submitting this form for myself or for the participant named (if vendor is under 18 years), I acknowledge and agree to absolve, and hold harmless, all sponsors and organizers and any other party connected with these events in any way whatsoever, singularly or collectively, from and against any blame or liability from any injury, misadventure, harm, loss, inconvenience, or damage suffered or sustained as a result of participation. I agree to be responsible for my conduct and abide by any official decisions made.

Signature: _____ Date: _____