



27TH ANNUAL

AUTO REUNION & MOTORCYCLE SHOW

Monday, September 4, 2017
9 a.m. - 3 p.m.



Carolinass
HealthCare System

VENDOR APPLICATION

COMPANY NAME _____

CONTACT NAME _____

MAILING ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____

WHAT WILL YOU BE SELLING/PROMOTING: _____

*We reserve the right to not allow discretionary items. No political items or advertisements allowed. Nothing with profanity or anything deemed inappropriate for a family festival will be allowed.

EVENT DETAILS:

Located in Downtown Matthews, NC, during the Matthews Alive! Event, in front of Town Hall.

**BOOTHS MUST BE SET UP BY 8:30AM, SEPT 4, 2017
ARRIVAL FOR BOOTH SETUP: 7:30AM, SEPT 4**
Booth drop-off area may not be close to your booth. Please provide options for carrying your items. Parking is extremely limited and tents cannot come down until end of event at 3pm.

**NO ELECTRICITY OR WATER HOOKUP PROVIDED
YOU MUST PROVIDE YOUR OWN TENT, TABLE & CHAIRS (10'X10' TENTS ONLY)**

BOOTH PRICING (Circle One):

\$100 Chamber Members

\$150 Non-Chamber Members

Booths are available on a 1st paid 1st served basis.

PAYMENT INFORMATION

You can register & pay online at www.matthewschamber.org or you can send payments to the Chamber office.

CASH / CHECK / CREDIT CARD (Circle one)

Make Checks payable to: Matthews Chamber of Commerce / MAIL TO: PO BOX 601, MATTHEWS, NC 28106

CREDIT CARD PAYMENT

mail to address above or scan and email to office@matthewschamber.org

COMPANY NAME: _____ NAME ON CARD: _____

CREDIT CARD NUMBER: _____ ZIP CODE: _____

EXPIRATION DATE: _____ EMAIL: _____ CVC CODE: _____

SIGNATURE: _____ PHONE: _____

CHAMBER MEMBER? YES NO (circle one) AMOUNT TO CHARGE: _____

Completion and submission of this Application represents my commitment to participate in Auto Reunion of Matthews, North Carolina, September 4th 2017. The undersigned does hereby and forever discharge the event Sponsors, the Town of Matthews and the Matthews Chamber of Commerce, Inc. from all manner of actions, suits, damages, claims and demands whatsoever in law or equity, and from any loss or damage to the undersigned's property, while in the possession, supervision or auspices of the Auto Reunion event, its agents, representatives or employees. I have received and read the Rules of Auto Reunion and I agree to abide by them. Auto Reunion also has my permission to publish photographs or videos taken of me, and my booth during the event, for purposes related to promotions of the event, past or future.

SIGNATURE: _____ DATE: _____

This signed application & payment must be received by the Chamber by Thursday, August 31, 2017.

CONTACT INFO: Email: chamberinfo@matthewschamber.org Phone #: 704-847-3649 Fax #: 704-847-3364