Leland Under The Lights 18th Annual Car Show 3:00pm - 8:00pm PM Saturday, August 20, 2022 - Rain or Shine Brunswick Forest •Lowe's Food •Route 17 •Leland, NC Sponsored by North Brunswick Chamber of Commerce to Benefit NBCC & Education/Scholarship Funds			
Exhibitor spaces will be assigned and marked by 1:30pm on Saturday, August 20th. Exhibits must be set up and vehicles removed by 2:00pm. Vendors must exhibit until close of the show. Spaces will be approximately 10'x10'. Vendors must provide all displays, tables, tents, chairs, etc.			
An accepted application is a commitment to show. No refunds will be made for a cancellation by a vendor or due to inclement weather.			
Promoters reserve the right to accept of	or reject any application		
Vendor requirements: Exhibit space fee payable to North Brunswick Chamber of Commerce (NBCC) Fees for one day exhibitor space: Member: \$50.00 Non-Member: \$75.00 Completed application form NO BICYCLES! NO SKATEBOARDS! NO DOGS!			
Mail vendor application to: NBCC • PO Box 100 • Leland, NC 28451 For further information please contact the Chamber office at (910) 383-0553 or email: <u>nbchamber@nbchamber.net</u> Make checks payable to North Brunswick Chamber of Commerce (NBCC) Complete the online form and fax to (910) 383-1992. Pay by PayPal or Credit Card: <u>www.nbchamberofcommerce.com</u>			
VENDOR APPLICATION			
Name: Business Name:			
Address:	Ctata		7:
City:	State:	E mail:	_ZIP:
Type of Vendor:	Fax	E-IIIdil:	
Size & Number of Spaces Needed:	10' x 10'	Other (Size Needed) (Call for	pricing)
ity:State:Zip: aytime Phone:Fax:E-mail: ype of Vendor: ize & Number of Spaces Needed:10' x 10'Other (Size Needed) (Call for pricing) mount Enclosed \$Check #CashMoney Order #			
Items to be sold (clearly describe all ty	pes of items to be sold):	caon money c	
General Release: The undersigned does hereby and for claims and demands whatsoever in law or equity, from Under The Lights Car Show. Applicants Signature:	n any loss or damage to persons	or property while in the possession, supervis	sion or auspices of the Leland
FOR OFFICE USE ONLY: Date Received:SS:	Check or M.O. # CC:	Amount \$ Space #	Received by:
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