



**Cruisin' for C.A.R.E Car Show**  
**2234 Colonial Blvd., Fort Myers, FL 33907**  
**Sunday March 4, 2012**  
**10 A.M. - 3 P.M.**

**Vendor Registration Form**

**Vendor fee \$40**

Type of Vendor:

Food      Type of Food Served: \_\_\_\_\_

Other      Specify: \_\_\_\_\_

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
Address, City, State, Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
E-mail address

I would like to pay by:

Check: Please make checks payable to 21<sup>st</sup> Century C.A.R.E.

Credit card: \_\_\_\_\_  
Credit card number

\_\_\_\_\_  
Exp Date

\_\_\_\_\_  
Security code

\_\_\_\_\_  
Signature

**Please include a copy of City of Fort Myers or Lee County Business Tax Receipt.**  
**All vendor registration forms and signed Terms of Participation forms are due by:**  
**February 24, 2012.**

Please return this form with payment to:

**Ann Francis**  
**21<sup>st</sup> Century C.A.R.E.**  
**2234 Colonial Boulevard**  
**Fort Myers, Florida 33907**  
**Phone: 239-938-9301**  
**Fax: 239-938-9399**  
[www.21stcenturycare.org](http://www.21stcenturycare.org)

**Thank you!**



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**Vendor Terms of Participation**

\_\_\_\_\_ (“Vendor”), hereby agrees to release and discharge 21<sup>st</sup> Century C.A.R.E, 21<sup>st</sup> Century Oncology, its Officers, Directors, Employees, Agents, Representatives (collectively “Show Management”) and any one else connected with the presentation of “Cruisin’ for C.A.R.E. Car Show” from any damages, injuries, losses, judgments and/or claims from causes whatsoever that may be suffered by Vendor to Vendor’s person or tangible personal property in connection with Vendor’s participation in “Cruisin’ for C.A.R.E. Car Show” and further agrees to indemnify and hold harmless Show Management for any and all damages or loss occasioned by Vendor’s participation in the show. Vendor agrees to abide by any and all rules and regulations set forth by the Show Management.

Signature \_\_\_\_\_ Date \_\_\_\_\_