

**28th Annual R.E. Olds Museum
Car Capital Auto Show
Saturday, July 18, 2020
Application for Exhibit/Vendor Form**

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Alt. Phone: () _____

Email: _____ Website: _____

Products to be Displayed or Sold: _____

Space Available on Capitol Lawn: 10' x 10' = **\$50.00** _____ 10' x 20' = **\$80.00** _____

Conditions: We reserve the right to reject applications for items or services deemed inappropriate within the guidelines, theme, or scope of the show. This is a family friendly event.

Food Vendors: We are not accepting food vendor applications out of respect to the downtown restaurants. Thank you for your understanding.

Payment/Refunds: Make checks payable to: **R.E. Olds Transportation Museum**. Checks are cashed upon approval and receipt. We will send confirmation of your participation in our show within 1 week of receipt of this complete form. No applications will be accepted after July 10, 2020. No refunds will be issued after July 10, 2020. Vendor locations will be marked, and assigned.

Set-up/Display/Teardown: All vendors are to set up on the Capitol Lawn. No trailers or vehicles are allowed on the lawn. Set-up is from 6:15 a.m. to 7:45 a.m. You can unload at/near your assigned space, and park nearby. **Vehicle and trailer must be removed from the show field by 7:45 a.m.** There is no electrical hook-up. The fee is for the space only. No stakes may be used for tie-down or display. Amplified demonstrations are not allowed. Teardown can begin at 3:45 p.m. and needs to be completed by 5:00 p.m. *Note: There may be a few vendors on Capitol Ave., but these will be for major donors only.*

Return Completed Form & Vendor Fee to: R.E. Olds Transportation Museum, 240 Museum Dr., Lansing, MI 48933. Phone: 517-372-0529 Email: autos@reoldsmuseum.org.
Website: reoldsmuseum.org or CarCapitalAutoShow.org

I agree to hold harmless R.E. Olds Transportation Museum, City of Lansing, their employees and agents, against any and all claims that may arise from my/our participation in this event.

Print Name: _____ Signature: _____ Date: _____

Amount Enclosed: _____ Make checks payable to: **R.E. Olds Transportation Museum**.