

Swap space # _____

Swap Meet Vendor Application

Annual Sweet Home Sweet Ride Charity Car Show for Kids!

Proceeds to benefit Doernbecher Children, SHPD Kid Programs,
Sunshine Industries, and ABC House

Swap Meet Vendor Information (please print clearly)

Name/Contact	
Business Name	
Mailing Address	
City, State, Zip	
Email Address	
Telephone	()
Cell Phone	()

PRODUCT(s) we offer: _____

If you have any questions, please call or text Kimi Nash,
at 541-401-9844 or email – sweethomesweetride.director@gmail.com

Swap spaces are approximately **12'x24'** – please utilize these measurements for your space needs. Tables and chairs are not provided. A few vendors need more space – double spots are available – but limited.... Electricity is not available.

____ 12' x 24' space (**\$50.00**)

____ Car Trophy Sponsor (**\$50.00**)

____ Will be using a trailer - Length _____ ft.

____ Car Show Poker Stop (Addtl. **\$10**)

____ Pop-up tent/canopy(s)
(Pole stakes or weights required)

Sweet Home Sweet Ride, the School District, the City nor volunteers are responsible for damages, theft, vandalism or injury.

Total Due: \$ _____

SET UP: Friday- June 27th: Set up until 9:00 p.m. Saturday – June 28th: Gates open at 7:00 a.m.

***Must** be set up and ready for business by 7:00 a.m. You will be expected to stay for the duration of the event – or at least until the awards ceremony starts. Awards will be presented at 1:30.

You will receive more information and a map of the site once we have the fee & application.

To secure your vendor space, payment will need to be included with application. Payment is expected no later than **June 10th, 2025**. PLEASE NOTE: Your booth WILL NOT be held if payment is not received with registration.

Sweet Home Sweet Ride, the School District, the City nor volunteers are responsible for damages, theft, vandalism or injury. The undersigned has read and agrees to all terms and conditions set forth on this contract. Please sign this page and return with your payment. Additional information will be sent to you once payment is received.

Printed Name: _____

Signature: _____ Date: _____

Please make checks payable to:

Sweet Home Sweet Ride

Mail payment to: P.O. Box 654, Sweet Home, OR 97386

Check us out: www.sweethomesweetride.com