

**7th Annual "Cruisin' for Down Syndrome" Car Show and Events  
Chili Cook or Beer/Wine VENDOR REGISTRATION  
Gold Country Fairgrounds Auburn, CA Saturday, May 14th, 2011**

**Registration Details:** **Team Name:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_ **Contact Person:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Website:** \_\_\_\_\_

Event Information

Gates open 6am to Vendors  
Chili Cook Off 3-5pm  
Beer and Wine Tasting 3-5pm

**ALL CHILI MUST BE COOKED ON SITE!**

Select One

Beer/Wine/Soda  
Free with Donation

Chili (\$20)

Wine

Beer

Soda

**Doing Chili?**

**Select One**

**Individual**

**Firehouse**

**Group/Club**

**Commercial**

Chili Registration Total: \$ \_\_\_\_\_

Beer/Wine/Soda Donation Value: \$ \_\_\_\_\_

I can't make it, but please accept my tax  
deductible donation: \$ \_\_\_\_\_

Grand Total: \$ \_\_\_\_\_

\*Note: Once fees and registration form are received a  
letter/email will be sent detailing your requirements for  
setting up at the event.

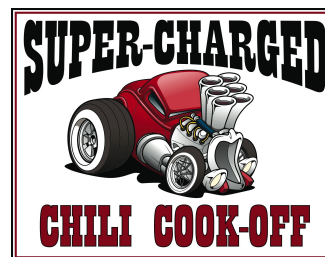
**Chili Style**

**Select One**

**Back Fire (Hot)**

**Starter Fluid (Spicy)**

**Sloppy Jalopy  
(Vegetarian)**



*Mail form and make checks payable to  
"NDSC" P.O. Box 725, Roseville, CA 95661*

Each Participant/Vendor is required to read and sign the following release of liability agreement. In consideration of acceptance of participants/vendors to the show by execution of this vendor registration form, I hereby release the National Down Syndrome Coalition and "Cruisin' for Down Syndrome" and their members, officers, employees, or anyone else connected with this event from any known and unknown damages, injuries, losses, judgments, and/or claims from any causes whatsoever that may be suffered by anyone participating in this event, or by any spectators. I agree to allow the NDSC to place a donation box at our station and to pay any shared food permit fees that may apply. I also authorize the use by the NDSC of any photo, film, or videotape taken of me, any employee, or our vendor booth at the event for any purpose. By signing, I have read and understand this Release of Liability Agreement.

**Print Name** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_