



June 1, 2009

Dear Vendor,

We are pleased to invite you to showcase your products/merchandise/business during our Eighth Annual Palmetto Capital City Classic Vendor Village to be held at the Charlie W. Johnson Stadium on Labor Day Weekend, Saturday, September 5, 2009. The Stadium is located at 2046 Two Notch Road in Columbia, South Carolina.

The cost is \$200.00 general vending and \$300.00 food vendors which will include 1 6ft. table, 2-chairs, and 1-parking pass. Vendors are responsible for any additional accessories, however; the vendor may not rearrange, substitute or add additional tables in the allotted space. Spaces are available on a first come first serve basis. Outside and inside vending is available for general vendor only. **No Drug Paraphernalia on the Premises.**

Palmetto Capital City Classic will provide security for this event; however, we will assume **no liability** for any lost, damage or stolen merchandise.

Please return the attached form along with your payment to the following address by August 15, 2009.

Palmetto Capital City Classic PO Box 4455 Columbia, SC 29240 Attention: Linda Huggins or Jacqueline Williams.

If you have any questions, please call us at (803) 758-5946.

Sincerely,

Palmetto Capital City Classic
Vendor Village Committee

cc: Coach Willie Jeffries, Executive Director

Please complete the form and return with your payment payable to: Palmetto Capital City Classic and mail to the following address: Palmetto Capital City Classic, PO Box 4455 Columbia, SC 29240 by August 15, 2009.

Palmetto Capital City Classic * P.O. Box 4455 * Columbia, SC 29240
Phone 803-758-5946 * Fax 803-758-5947

By initialing the bottom portion of this application, you have acknowledged that there is no refund. If you have any questions, please contact us at (803) 758-5946 or fax us at (803) 758-5947.

**All payments must be paid by
money order/cashier check or cash**

Set-up 7:00am – 9:00am

NO exceptions

Please return this page with your payment.

Name or Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: Home: _____ Work: _____

Cell: _____ Fax: _____

Email: _____ @ _____

Number of Spaces _____ Type of vendor _____

Amount Paid _____

Please initial below:

No Refund _____

Date: _____

Signature: _____