Business and Auxiliary Services
W.G. Pearson Cafeteria, Suite 20
Email: vending@nccu.edu
Telephone: 919-530-7643
www.nccu.edu

Special Event Vending Agreement

EVENT ORGANIZER INFORMATION

Name of Group: _____

Contact Person: _____

Address: _____

Work or Cell Phone Number: _____

Email Address: _____

PRODUCTS TO BE SOLD

Please list all items to be sold. Attach an additional page, if needed.

_____

_____

_____

Names of Additional People Assisting Vendor on Site (Max. 2)

Person 1 _____ Person 2 _____

SPECIAL EVENT

Event Date: _____ Special Event Name: _____

1. The NCCU Business and Auxiliary Services Department grants the Vendor certain rights, privileges and space during the NCCU Special Event as stated above, to sell certain items and for no other purpose.
2. All Funds are Non-Refundable, except under conditions of a complete cancellation of the event.
3. All payments are due in full by the end of business day one day prior to the event unless otherwise noted, no exceptions. No Day of the Event Payments will be accepted.

AGREEMENT

By signing this document, I acknowledge receipt of a copy of the NCCU Vending Policy and Procedures and agree to abide by those policies and procedures set herein by the Business and Auxiliary Services Department and North Carolina Central University. I also agree that I shall indemnify and hold harmless the Business and Auxiliary Services Department and NCCU and their employees, representatives and volunteers as a result of any claim, lawsuit and/or settlement made or fulfilled as a result of Vendor participation on the campus of North Carolina Central University and/ or as a result of any negligence on behalf of myself, the Vendor.

Vendor's Signature: _____ Date: _____