

VENDOR APPLICATION

Vendor Space per 10x20 \$50 Total Amount Submitted _____

In consideration of acceptance to participate in the September 12, 2026 "High Desert Pregnancy Clinic Annual Car show" participants, by signing this form releases High Desert Pregnancy Clinic, it's employees, officers and volunteers, Town Center Mall, it's Officers, employees and any person or organization that has any affiliation with the car show or the property, from any liability of any loss arising from participating in the above mentioned car show.

BY SIGNING THIS FORM YOU AGREE TO ALL TERMS AND CONDITIONS

Food applicants responsible for their Health Department License/Permit

Company

Name _____

Owner/Contact Person _____

Address _____

City _____ State _____ Zip _____

Cell _____ Phone _____

Entry Conformation send to E-mail _____

Description of Merchandise _____

Print Name _____

Signature _____ Date _____

-----Please cut and return upper portion thank you-----

SEND ENTRIES & CHECKS TO:

High Desert Pregnancy Clinic

7333 Apache Trail

Yucca Valley, CA. 92284

For more information contact

Jack Dick 760-401-3976

or

High Desert Pregnancy Clinic 760-369-8512

High Desert Pregnancy Clinic

Annual Car - Truck -Motorcycle Show

September 12, 2026

Town Center Mall

57725 29 Palms Hwy

Yucca Valley, CA 92284

CHECK-IN

7:00AM

SHOW STARTS

9:00AM

-----Please cut and return bottom portion thank you-----

VEHICLE ENTRY

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BY SIGNING THIS FORM YOU AGREE TO ALL TERMS AND CONDITIONS

Signature _____ Date _____

Print Name _____

Address _____

City _____ State _____ Zip _____

Entry conformation send to E-mail _____

Cell _____ Phone _____

Club Affiliation _____

Vehicle Information Year _____ Make _____ Model _____

Tee-Shirt Size Please circle size S M L XL XXL XXXL