



**New Car Show**

**Application**

**Celebrate Wallingford 2024**

**October 5th & 6th**

**Saturday 11-6 pm and Sunday 11-5 pm (rain or shine)**

**Deadline: Sept 15, 2024**

**Name of Dealership………………………………………………………….**

**Application fee: $500.00 (for both days and each car dealer is required to supply a certificate of insurance )**

**We will be exhibiting the following cars…………………………………………………**

**…………………………………………………………….**

**The number of cars being displayed………………(up to 6 cars per dealership)**

**to participate in this event.**

**Name of person responsible for booth………………………………….……**

**Cell phone number……………………………………………………………**

**Dealership number……………………………………………………………**

**Email address…………………………………………………………………….**

**Do you wish to bring your cars the night before?..................(parking lot on Center Street behind TD Bank)**

**Signature……………………………………………………………….**

**Contact: Wallingford Center Inc.**

**128 Center St., Wallingford, CT 06492**

**wci@wallingfordcenterinc.com**

 **(203) 284-1807**