



# KEEP THIS RECEIPT & FLOOR PLAN CARD FOR ENTRY TO SHOW

**CHARLOTTE CBA BIKE SHOW & SWAP MEET**

**Rick Nail CBA**

**10217 PIONEER MILL RD**

**CONCORD, NC 28025**

**704-455-6245**

**704-577-1546**

Date of Show: \_\_\_\_\_

## **PRE- REGISTRATION FORM**

**Shop Name**

**Contact Person**

**Email**

**Address:**

**Date:**

**City:**

**State**

**Zip Code:**

**Check Box**

☐

**PLEASE CHECK HERE IF YOUR  
MAILING ADDRESS HAS CHANGED.**

**Phone Number:**

**What will you be Vending?**

**Pre-registration requires a minimum 25% deposit. Balance MUST be received 30 days PRIOR TO SHOW or you must pay full price!**

**Deposit Paid:**

**Balance Owed:**

**Paid In Full:**

**Signed By:**

**Building#**

**Space #**

**Current Date:**

**CBA Official:**

**If You Are Pre-Registered Balance Must be Paid 2 Weeks Prior To Show Date – Or Your Space Will Be Sold**

**30 Days Prior Notice REQUIRED For Cancellation**