

STRAWBERRY FEST & APPLE FEST - COLDWATER, MI

Business Name: _____

Contact Person: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

FEATURED VENDOR REGISTRATION INFORMATION

Which Festival are you applying for? (Check One)

- Strawberry Fest | June 18, 2022 | 9:00 AM - 3:00 PM
 Apple Fest | September 17, 2022 | 9:00 AM - 3:00 PM

Registration fees cover one 10' x 10' space.
How many spaces are you requesting?

Registration Fees

- Strawberry Fest Fee - before June 1st - \$0.00
- after June 1st - \$0.00
Apple Fest Fee - before Sept. 1st - \$0.00
- after Sept. 1st - \$0.00

Check One

Will you be using a tent or awning?

- Yes No

Please note that only 10 x 10 tents will be accepted.

Please describe the booth and products/services that will be featured. What booth/stand requirements do you have? Be sure to include electrical needs here.

Special Requests: _____

Registration fees are non-refundable upon acceptance. Featured vendors must sell Strawberries or Apples. Strawberry or Apple themed products not accepted.

RULES & REGULATIONS

The City will provide picnic tables and trash receptacles in the general eating areas. Set up time is 6:30 - 9:00 AM. All vehicles must be moved by 9:00 am. Stakes are not permitted for tents or awnings. Must include a picture of booth(s) with registration form. Vendors are responsible for any and all necessary licensing (if required) for their products offered. The festival is held rain or shine. Vendors may not begin to tear down until 3:00 PM and all booths must be tore down by 5:00 PM. Treat all City event staff and volunteers with respect. The City reserves the right to ask a vendor to remove themselves from the festival and/or not return to a Coldwater festival if these rules and regulations are not followed.

I have read and understand the rules and regulations Signature: _____

NEXT STEPS

Attach a photo of your booth to this application.

Mail completed registration form with check or credit card information payable to: City of Coldwater, 1 Grand Street, Coldwater, MI 49036 ATTN: Recreation Department

Card Type (Circle One): Visa | Discover | Mastercard
Card Number: _____

Cardholder First & Last Name: _____

Exp. Date: ____/____ CVC 3-Digit on Back: _____

Cardholder Address: _____

Cardholder City: _____

Cardholder State/Providence: _____

Cardholder Zip: _____ Cardholder Country: _____

QUESTIONS? Contact the Event Coordinator
Mariah Welke | mwelke@coldwater.org

INTERNAL PURPOSES ONLY

Date Rec'vd: _____ Date Entered: _____

Payment Rec'vd (Date): _____

Payment Type (Circle One): Cash | Card | Check

Credit Card Confirmed: _____

Check Number: _____

Payment Amount (\$): _____

Paid? Y N NOTES: _____

Approved? Y N _____

Photo of Y N _____

Booth? _____

Emailed: _____

