

# STRAWBERRY FEST & APPLE FEST - COLDWATER, MI

Business Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_ (We use E-mail to Communicate to Vendors)

## CRAFT & NON-PROFIT VENDOR REGISTRATION INFORMATION

### Which festival are you applying for?

- ☐ Strawberry Fest | June 20, 2026 | 9:00 AM - 3:00 PM
- ☐ Apple Fest | September 19, 2026 | 9:00 AM - 3:00 PM

**Registration fees cover one 10' x 10' space.**

### How many spaces are you requesting?

Strawberry Fest: \_\_\_\_\_ Apple Fest: \_\_\_\_\_

**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.**

## RULES & REGULATIONS

Set up time is 6:30 - 9:00 AM. All vehicles must be moved by 8:45 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/Province:** \_\_\_\_\_

**Cardholder Zip:** \_\_\_\_\_ **Cardholder Country:** \_\_\_\_\_

**QUESTIONS?** Contact the Event Coordinator  
Mariah Welke | [mwelke@coldwater.org](mailto:mwelke@coldwater.org)

## INTERNAL PURPOSES ONLY

**Date Rec'd:** \_\_\_\_\_ **Date Entered:** \_\_\_\_\_

**Payment Rec'd (Date):** \_\_\_\_\_

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

**Credit Card Confirmed:** \_\_\_\_\_

**Check Number:** \_\_\_\_\_

**Payment Amount (\$):** \_\_\_\_\_

**Paid?** Y N

**Approved?** Y N

**Photo of Booth?** Y N

**Emailed:** \_\_\_\_\_

**NOTES** \_\_\_\_\_

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