

STRAWBERRY FEST & APPLE FEST - COLDWATER, MI

Business Name: _____
Contact Person: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ E-Mail: _____ (We use email to communicate to vendors.)

CRAFT & NON-PROFIT VENDOR REGISTRATION INFORMATION

<p>Which festival are you applying for?</p> <p><input type="checkbox"/> Strawberry Fest June 21, 2025 9:00 AM - 3:00 PM</p> <p><input type="checkbox"/> Apple Fest September 20, 2025 9:00 AM - 3:00 PM</p> <p>Registration fees cover one 10' x 10' space. How many spaces are you requesting?</p> <p>Strawberry Fest: _____ Apple Fest: _____</p>	<p>Registration Fees</p> <p>Strawberry Fest Fee - before June 1st - \$50.00 <input type="checkbox"/></p> <p>- after June 1st - \$75.00 <input type="checkbox"/></p> <p>Apple Fest Fee - before Sept. 1st - \$50.00 <input type="checkbox"/></p> <p>- after Sept. 1st - \$75.00 <input type="checkbox"/></p> <p>Will you be using a tent or awning? <i>Please note that only 10 x 10 tents will be accepted.</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Check One</p>
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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/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 Booth?	Y	N	
Emailed:	_____		

