

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)

FOOD & DRINK 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: _____

Registration Fees

Check One

Strawberry Fest Fee - before June 1st - \$50.00
- after June 1st - \$75.00
Apple Fest Fee - before Sept. 1st - \$50.00
- after Sept. 1st - \$75.00

Will you be using a tent or awning? Please note that
 Yes No
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.

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 torn 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/Prov/idence: _____

Cardholder Zip: _____ Cardholder Country: _____

QUESTIONS? Contact the Event Coordinator

Mariah Welke | m welke@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 NOTES _____

Approved? Y N _____

Photo of Booth? Y N _____

E-mailed: _____

