



WALDEN HARVEST FEST
Saturday, September 28, 2024
To be held in Walden's Municipal Square
One Municipal Square Walden, NY 12586
VENDOR APPLICATION FORM

Information:

1. Set up is 8 AM to 10 AM. **After discharge, all vehicles must be removed. Vendor vehicles will park at Oak Street Municipal parking lot. There will be no vehicles allowed in street area after 9:30am.**
2. **Festival hours are 11am - 5:30pm.**
3. Exhibitors must provide their own tables, display boards, etc. No electrical outlets are available.
4. Walden Harvest Fest Committee or the Village of Walden will not be held responsible or liable for any damages of any kind to exhibitors, their displays or any injury caused during the show, including set up and removal of display.
5. Space will be assigned on a first come, first served basis upon receipt of the completed application and appropriate fees.
6. Please note, the committee will make every effort not to place similar vendors next to each other, and we do make every effort not to have any multiple direct sale vendors.
7. Space size for exhibitors will be a 12' X 12' area. If your exhibit space needs to be larger, please plan accordingly by reserving more than one space. Extra space will not be available the day of the Harvest Fest. If you utilize a generator, please indicate in the space provided on the attached Vendor Application Form.
8. No silly string or exploding poppers are to be sold. We reserve the right reject any application for any reason.
9. All items presented and displays used must be suitable for a family audience.
10. Vendor is responsible for the removal of all garbage.
11. Booths may not be taken down until after 5:30pm.
12. There will be limited emergency access from Main Street during the day.
13. You will receive your Booth number via e-mail or phone call.
14. **Food Vendors are Responsible for all permits required. Contact the Orange County Health Department (845) 291-2332**
15. **FOOD VENDORS LARGER THAN A 12' X 12' AREA MUST RESERVE MORE THAN ONE BOOTH SPACE.**

BOOTHS ALLOTTED ON A FIRST COME / FIRST SERVED BASIS

ALL FEES ARE NON REFUNDABLE

*If you would like to advertise in the **Harvest Fest Media Guide**, email or call by September 6th
Contact Diane Holbert at 845-561-0170 ext. 203 or dholbert@tcnewspapers.com*

VENDOR FEES:

- \$75.00 per booth
- \$50.00 for additional booth space
- \$30.00 for Not For Profit Organizations

Vendor Contact Person: Debbie Robb - (845) 706-1570 or email baglady1054@yahoo.com

Date sent _____ Check # _____ \$ Amount _____

Keep this page for your information

Walden Community Council

A Partnership of Business and Community

501-(c)(4) Organization

PO Box 524 • Walden, New York 12586

<https://www.facebook.com/Waldenharvestfest/> or www.villageofwalden.org

or <https://www.facebook.com/WaldenCommunityCouncil/?fref=ts>

To be held in Walden's Municipal Square



One Municipal Square Walden, NY 12586

Contact Person: _____ Title: _____ Phone # _____

Exhibitor's Name: _____ Phone # _____

Address: _____

E-mail: _____

Please provide a brief description of your Business/Organization and/or type of item(s) being sold for vendor classification:

Crafts _____

Jewelry _____

Non-profit _____

Business _____

****Food** _____

Other _____

Do you have any special needs that we need to be aware of to assist you with? If yes, please list below:

My display requires the use of a Generator _____ YES _____ NO

**** Food Vendors need to contact Orange County Board of Health (845) 291-2332 for a permit**

I cannot attend but would like to make a donation to be used for the purchase of prizes and/or giveaways. Your name will be listed with the items as a sponsor. You may make a monetary donation or donate a specific item or a business gift card.

Please list your donation:

I would like to also donate an item to the Treasure Chest for the day of the event _____ YES _____ NO

Signature _____ Date _____

Please make check or money order payable to: **Walden Community Council**

Mail completed application & payment to:

Walden Community Council

P. O. Box 524

Walden, NY 12586

Date received _____ Check # _____ Amount \$ _____

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