

HOOSIER FALL FESTIVAL
October, 19th. & 20th. 2024

2024 APPLICATION

This agreement between A Bit Of Whimsy. and: _____ . Hereby known as vendor agrees to adhere to all show rules and policy.

We absolutely do not allow one day setups for our two-day event.

Company Name: _____.

Contact Person: _____.

Office/Home Phone: _____ - _____ Cell Phone: _____ - _____

Address: _____.

City: _____ St.: _____ Zip: _____.

Email: _____.

Product Service Displayed: _____ . This must be filled out or application and check will be returned

10x10: _____ \$85.00 (Inside) Full Payment due at signing of agreement

10x10: _____ \$75.00 (Outside) Full Payment is due at signing of agreement

Food Vendors: \$100.00 _____ This due at signing of agreement:

Payment: Check or money order only. Make payable to A Bit Of Whimsy and mailed to address below.

Signature: _____ Date: _____

A Bit Of Whimsy
1675 Younce St. Franklin, In. 46131
Cell: 317-556-5326 (Elaine Saylor)
Email: abitofwhimsy3@yahoo.com www.hoosierfallfestival.com www.facebook.com/hoosierfallfestival.com

I am a returning vendor and would like my old booth _____.