

# Oktoberfest

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

Website/Facebook: \_\_\_\_\_

Detailed description of your product: (Please note: food & beverages options will be offered for purchase by the Chamber of Commerce)  
Questions? 607-569-2989

Registration: \$20/members  
\$35/non-members

Check payable to Hammondsport Chamber of Commerce

Mail to P.O Box 539 Hammondsport, NY 14840.

The spaces will be approximately 10"X10". All vendor spots will be assigned by the Chamber Office.

**DEADLINE FOR REGISTRATION IS September 12, 2025.**

Questions? 607-569-2989 or

Email: [Info@hammondsport.org](mailto:Info@hammondsport.org)

## Oktoberfest Vendor Application

Sept. 27<sup>th</sup> 1:00-5:00 pm at the Hammondsport Fireman's Pavilion

**Submit your application as early as possible!**

