

# Oktoberfest



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

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

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

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

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

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

Detailed description of your product: \_\_\_\_\_  
\_\_\_\_\_

**Registration Fee:**

**\$25 Chamber Members Or \$40 Non-Chamber Members**

**Mail your check 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 29, 2024.**

**Questions? 607-569-2989 or**

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

**If this event needs to be cancelled, we will refund your Vendor Fee.**

## Oktoberfest Vendor Application

**Oct. 6<sup>th</sup> 1:00-5:00 pm at the Hammondsport Fireman’s Pavilion**

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

