

# 2025 Fall Festival Crafters and Vendors

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Registration Form – Paper Copy

Saxon Lutheran Memorial, Frohna, Missouri

Festival Date: Saturday, October 11, 2025

Please print clearly. All fields marked with \* are required.

## Contact Information

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

Business Name: \_\_\_\_\_ \*

City: \_\_\_\_\_ \*

State: \_\_\_\_\_ \*

Zip Code: \_\_\_\_\_ \*

Cell Phone: (\_\_\_\_) \_\_\_\_\_ \*

Business Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_ \*

## Booth & Participation Information

Would you like to donate an item for an attendance prize from the craft/artisan vendors?

☐ Yes

☐ No

(\*Please bring your donated item to the registration table by 8:30 a.m.\*)

## Agreement Acknowledgments

☐ I understand the booth fee is \$50 per 10ft x 10ft space. \*

☐ I understand tables and chairs will NOT be provided. You may bring your own 10x10 pop-up tent. \*

☐ I understand set-up times are:

- Friday, October 10 from 4:00 p.m. – 6:00 p.m.

- Saturday, October 11 from 6:30 a.m. – 8:30 a.m.

☐ Booths must be open by 9:00 a.m. Vehicles must be out of the festival area by 8:30 a.m. SLM is not responsible for items left overnight. \*

☐ I understand that exhibitors agree to remain open from 9:00 a.m. to 3:00 p.m. \*

- ☐ I understand that items for sale must be family-oriented and handcrafted or food items (all food must comply with health department standards). \*
- ☐ I understand exhibitors are responsible for cleaning their booth area. \*
- ☐ I understand no refunds for booth cancellations will be issued unless the festival is canceled. \*
- ☐ I understand that exhibitors are responsible for lost or damaged goods, including but not limited to fire, theft, weather, or vandalism. \*
- ☐ I understand that Saxon Lutheran Memorial, Inc. is not liable for injury to exhibitors, their team, or festival guests. Liability insurance is the responsibility of the exhibitor. \*
- ☐ I understand that the SLM board may refuse booth space to any party and may revoke space for cause, requiring immediate removal with no guaranteed refund. \*
- ☐ I understand that I am responsible for collecting and submitting all applicable sales taxes. \*
- ☐ I understand booth placement will be redesigned for 2025 and may not be the same as in previous years. \*

## Merchandise Description

To reduce product duplication, please list the items you plan to sell:  
(Please note: NO apple butter, breads, coffee cake, cinnamon rolls, pies, or blattskuchen. If your booth primarily features baked goods, you must register as a food vendor.)

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## Signature & Date

By signing below, I confirm that the above information is accurate and that I agree to the terms listed above.

Signed: \_\_\_\_\_ \*

Print Name: \_\_\_\_\_ \*

Date: \_\_\_\_\_ \*

### MAIL COMPLETED FORM TO:

**SAXON LUTHERAN MEMORIAL, 296 SAXON MEMORIAL DR, FROHNA ,MO 63748**

**IF YOU HAVE QUESTIONS, PLEASE EMAIL:**

**[INFO@SAXONLUTHERANMEMORIAL.ORG](mailto:INFO@SAXONLUTHERANMEMORIAL.ORG) OR CALL 573-824-5404 ext 2**