

Application For Vendor Space**Vendor Space(s) needed** \_\_\_\_\_ Fee of \$125/10ft. to be included with applicationDates: Thursday, October 9<sup>th</sup> through Sunday, October 12<sup>th</sup>, 2025 @ the Morgan County Fairgrounds

CONTACT PERSON: \_\_\_\_\_

PHONES: Home \_\_\_\_\_ Cell \_\_\_\_\_ E-Mail \_\_\_\_\_

COMPANY/ BOOTH Name: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Give a brief description here and a detailed description of your entry on the back along with any requests or comments.

\_\_\_\_\_

The Fall Foliage Festival (FFF) reserves the right to request the removal of any item not listed or those, which may be, found objectionable to community standards or meet FFF Rules. Failure to honor such a request will result in expulsion from the festival, without refund.

The FFF security is for the assurance of public safety and not necessarily for the protection of your entry. The FFF, it's Board of Directors or volunteers assume no liability for your items on display/for sale during the Festival.

RELEASE STATEMENT: I, the undersigned, do hereby agree to all the rules and regulations governing the FFF pertaining to this and all related events. I also understand that the FFF, it's Board of Directors, and/or volunteers will not be held responsible for any damage or loss resulting from my participation in the FFF.

SIGNATURE (required): \_\_\_\_\_ Date: \_\_\_\_\_

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

Payment is required with your application. Once you are accepted, NO REFUNDS WILL BE GIVEN FOR ANY REASON. If for any reason your application is not accepted, the chairman will call you and a full refund will be returned to you.

NUMBER OF SPACES: \_\_\_\_\_ X \$ \_\_\_\_\_ = AMOUNT ENCLOSED: \$ \_\_\_\_\_  
 (QTY.) (\$) circle (Check, Money Order, Cash, Credit Card *surcharge of additional \$4.00*)

Credit card #: \_\_\_\_\_ Exp/date: \_\_\_\_\_ CVC: \_\_\_\_\_

Name on card: \_\_\_\_\_

**BELOW FOR FFF OFFICE USE:** \_\_\_\_\_Date of application: \_\_\_\_\_ Accepted by: \_\_\_\_\_ Copy to Event Chairman ☐ \_\_\_\_\_

Check, M/O, Cash, Credit Card Payment amount: \$ \_\_\_\_\_ Ck./MO# \_\_\_\_\_