

MORGAN COUNTY FALL FOLIAGE FESTIVAL

PO Box 1245
Martinsville, IN 46151
765-342-0332

FOOD CONCESSION APPLICATION (Please Print)

Contact Person: _____ Stand Name: _____

Phones: Home: _____ Cell: _____ E-mail: _____

Address: _____ City: _____ State: _____ ZIP: _____

Spaces are \$550 for an 8' X 25' space.

If additional space is needed, please indicate how much more? _____ Volts/Amps needed _____

Festival Dates: Thursday, October 9 - Sunday, October 12, 2025

Please make note of changes made on the fact sheet (#12). We need to have all concession wagons at the Morgan County Fairgrounds by 5:00 PM on Tuesday. Please contact Brenda @ 765-346-0533 if you need assistance.

DO NOT send any money until you receive an acceptance letter. However, if you were a participant last year, you may consider yourself **ACCEPTED**. Your fee is \$550 per 8'X25' space. You may send payment with application or by Sept. 1st. We also accept credit card payment.

Please provide a detailed description of your entry: complete menu, set up requirements, and a picture (new applicants only) _____

The Fall Foliage Festival reserves the right to request the removal of any item not registered above or that which may be found objectionable to community standards or not within FFF rules. Failure to honor such a request will result in expulsion from the Festival without refund.

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

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

Signature (Required): _____

Printed _____

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For FFF use:

Date of application arrival: _____ Copy to event chairman ☐ _____