**ANNUAL HOLLAND STRAWBERRY FESTIVAL**

**JUNE 12 – 16, 2024**

**VENDOR APPLICATION**

Community Homecoming Corporation

7807 Angola Rd Holland, Ohio 43528

(West of McCord Rd and east of Albon Rd)

**419-376-5550**

**FESTIVAL HOURS**: Wed & Fri. 4pm – Close Fri. 4pm – Close Sat. Noon – Close Sun. Noon – Close

|  |  |
| --- | --- |
| Name: | Vendors License: |
| Address: | Phone: |
| City/State/Zip: | Email: |
|  **Check size & type of booth space needed** |  |
|  | 10’ x 10’ | $150 | Tent **NOT** provided | Wednesday thru Sunday |
|  | 10’ x 20’ | $250 | Tent **NOT** provided | Wednesday thru Sunday |
|  | 10’ x 10’ | $75 | Tent **NOT** provided | Saturday **OR** Sunday (circle one) |
|  | 10’ x 10’ | $115 | Tent **NOT** provided | Saturday **AND** Sunday |
|  | 10’ x 20’ | $100 | Tent **NOT** provided | Saturday **OR** Sunday (circle one) |
|  | 10’ x 20’ | $150 | Tent **NOT** provided | Saturday **AND** Sunday |

|  |  |  |
| --- | --- | --- |
|  | Arts & Crafts | Please describe in detail your product or craft: |
|  | Flea market (buy/sell) |
|  | Commercial field |
|  | Non-profit field | **VENDORS MUST BE SET UP BEFORE THE START OF THE FESTIVAL EACH DAY NO EXCEPTIONS.****AFTER YOU ARE SET UP YOU WILL ENTER AND EXIT THROUGH THE MAIN GATE ENTRANCE**  |
|  | ELECTRICITY required |
|  |
| **Vendors can start setting up Tuesday between 8am – 8pm** |
| **Special Request:** |

**NO REFUNDS** issued for any reason; festival will occur regardless of weather conditions.

I, the undersigned, hereby release and agree to hold harmless, the Community Homecoming Corp., Springfield Township, its committees, Successors, assigns or personal representatives from any damage to the undersigns property or any personal injury which he/she or helpers may sustain while participating in the Holland Strawberry festival held from Wednesday June 14 thru Sunday June 18, 2023. Neither Community Homecoming Corp., nor Springfield Township carries insurance to cover the undersigns personal property.

As an Independent contractor, you are advised to obtain your own insurance.

Applicants Signature:

**Mail completed application & amount due to this address Community Homecoming Corp. P.O. Box 274 Holland, Ohio 43528 50% due by June 7th, remaining balance due June 11th.**

For Office use only

 Date received\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ck#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amt. Paid \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_