

# CHAMBER MEMBER – SELF-CONTAINED VENDOR: 2026 HUDSON VALLEY HOT-AIR BALLOON FESTIVAL

WITH THIS SIGNED REGISTRATION YOU ARE COMMITTING TO PARTICIPATE IN ALL 3 DAYS OF THE EVENT: SEPTEMBER 4, 5 & 6, 2026

QUESTIONS: (845) 454-1700 ext. 1000, Fax: (845) 454-1702 or E-mail: info@balloonfesthv.com

**IMPORTANT:** Before filling out an application, email [info@balloonfesthv.com](mailto:info@balloonfesthv.com) with the following criteria and submit a prequalification application:

1. Company Name, E-Mail and Phone Number
2. Are you a member of the Dutchess County Regional Chamber of Commerce? **Y or N**
3. Product/service you are selling/promoting:
  - If you're a food vendor, please submit the style of food (examples: Mexican, Italian, Dessert) and a full menu.
  - If you are retail sales/display/craft/promotional vendor, please submit the items you sell/promote.
4. Have you been a vendor of ours in the past? **Y or N** (If Yes, what was your last year vending?)
5. Photos of your current setup.
6. Will you like to be open with your booth or to serve breakfast during morning hours (5:30AM-9AM). **Y or N** (NOTE: This is optional, but we must know in advance, and we will limit vendors in categories that are open based on first-come-first-serve.)
7. What size space do you need for your entire setup? **EVERYTHING** must be in requested space. See below for sizing options.

**STOP:** Once you submit the above, then wait. We will notify you if you should apply with the below application. In fairness to all, we will review preapplications to avoid too many competitive vendors. You should only continue to fill out this form if you have completed the above steps first and receive consent to apply **TO FILL OUT THIS FORM YOU MUST BE A MEMBER OF THE DUTCHESS COUNTY REGIONAL CHAMBER OF COMMERCE. NOT A MEMBER? FILL OUT THE NONMEMBER FORM.**

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

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Retail/Promo Vendor: List item(s) are you Selling/Promoting: \_\_\_\_\_

Food Vendor - Style of Food: \_\_\_\_\_ \*IMPORTANT: Submit a copy of your food menu or list of items you're selling with this application.

Removing setup each night? Yes  No  Do you have a truck or trailer? Yes  No  Do you serve from the  Passenger Side or  Driver's Side?

SPACE DESIRED:		PAYMENT BEFORE 4/30	PAYMENT AFTER 5/1
Retail/Promo Vendor: 10'x10' Max Space – Truck or Bring Your Own Tent/Trailer	<input type="checkbox"/>	\$400	\$475
Food Vendor: 10'x10' Max Space – Truck or Bring Your Own Tent/Trailer	<input type="checkbox"/>	\$550	\$625
Retail/Promo Vendor: 10'x20' Max Space – Truck or Bring Your Own Tent/Trailer	<input type="checkbox"/>	\$550	\$625
Food Vendor: 10'x20' Max Space – Truck or Bring Your Own Tent/Trailer	<input type="checkbox"/>	\$675	\$750
Retail/Promo Vendor: 10'x30' Max Space – Truck or Bring Your Own Tent/Trailer	<input type="checkbox"/>	\$675	\$750
Food Vendor: 10'x30' Max Space – Truck or Bring Your Own Tent/Trailer	<input type="checkbox"/>	\$875	\$950
Retail/Promo Vendor: 20'x20' Max Space – Truck or Bring Your Own Tent/Trailer	<input type="checkbox"/>	\$875	\$950
Food Vendor: 20'x20' Max Space – Truck or Bring Your Own Tent/Trailer	<input type="checkbox"/>	\$1100	\$1175
Retail/Promo Vendor: 20'x30' Max Space – Truck or Bring Your Own Tent/Trailer	<input type="checkbox"/>	\$1100	\$1175
Food Vendor: 20'x30' Max Space – Truck or Bring Your Own Tent/Trailer	<input type="checkbox"/>	\$1275	\$1350
Custom sized space requested	<input type="checkbox"/>	CALL	CALL

**ADDITIONAL OPTIONS:**

Overnight Camper Parking (\$80 per night)	<input type="checkbox"/>		
Check here if you would like vendor tent rental pricing	<input type="checkbox"/>	CALL	CALL
Additional Vendor Passes (\$12 each) (Space includes 6 vendor passes. Add more here.)	Number of passes _____	\$12 X _____ = \$ _____	\$12 X _____ = \$ _____
<b>\$250 SECURITY DEPOSIT REQUIRED (REFUNDED AFTER FESTIVAL)</b>	<b>DEPOSIT</b>	<b>\$250.</b>	<b>\$250</b>
<b>BALANCE DUE (Total of all choices above plus Security Deposit)</b>	<b>TOTAL</b>		
<b>DUE 10 DAYS AFTER APPLICATION PERMISSION TO APPLY</b>	<b>W/SECURITY DEPOSIT</b>	\$ _____	\$ _____
<b>SPACE WILL NOT BE HELD WITHOUT COMPLETED APPLICATION AND PAYMENT</b>			
I would like to open from 5:30AM–9AM Saturday & Sunday (must choose one)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

There is no power, sewer, WiFi, or water infrastructure. Vendors must be self-contained. Payment with deposit must be included with this form to reserve a space or we will not hold it. No refunds, no exceptions. The following items must be received by 8/1/26 or your registration may be revoked:

- Certificate of Liability Insurance naming: 1) Dutchess County Regional Chamber of Commerce, 1 Civic Center Plaza, Suite 400, Poughkeepsie, NY 12601 2) The Chamber Foundation, 1 Civic Center Plaza, Suite 400, Poughkeepsie, NY 12601 3) Town of Union Vale, 249 Duncan Road, Lagrangeville, NY 12540, as additionally insured for a minimum of \$1 million.
- Food Vendors: Health Permit & Safe-Serv Certifications from the Dutchess County Dept. of Health.
- A Completed W9 Form, <https://www.irs.gov/pub/irs-pdf/fw9.pdf>
- SEND FORMS AND PAYMENT TO: The Chamber Foundation, 1 Civic Center Plaza, Suite 400, Poughkeepsie, NY 12601

You must fit entire setup in your space. This includes, but is not limited to awnings, hitches, tent pegs, overhangs, generators, grills, tie-downs, tables & chairs, etc.

\*Custom sized spaces are available upon request.

Full payment must be received to hold your space and is nonrefundable if you cancel or do not show. If rules are followed, deposit is refunded after the festival.

## FOR OFFICE USE ONLY

Date Approved: \_\_\_\_\_

Deposit Received: \_\_\_\_\_

Full Payment Received: \_\_\_\_\_

Invoice #: \_\_\_\_\_

Health Cert. Received: \_\_\_\_\_

Safe Serv. Received: \_\_\_\_\_

COI Received: \_\_\_\_\_

W9 Received: \_\_\_\_\_

**PAYMENT BY:**  CASH  CHECK OR MONEY ORDER (Check/Money Order payable to: The Chamber Foundation)

By signing below, I confirm I have read and understand the information provided herein and the handbook available at [www.balloonfesthv.com](http://www.balloonfesthv.com). I agree to the terms and policies outlined. I understand my fee is nonrefundable if I cancel my reservation for any reason. I am requesting a space to be a vendor for the Hudson Valley Hot-Air Balloon Festival, scheduled for September 4-6, 2026. I acknowledge my participation in the festival is not guaranteed until my application has been approved by the organizers. Additionally, I understand I am required to operate my booth during the festival hours on all three days, except for the morning hours, unless I am committed to opening during that time. I agree to these terms, understanding that failure to comply may result in being asked to leave the festival without a refund.

REQUIRED VENDOR SIGNATURE: \_\_\_\_\_ PRINTED NAME: \_\_\_\_\_ DATE: \_\_\_\_\_