

2025 Elk Rapids Fall Festival Vendor Application

When the payment is processed, each accepted application will receive an email confirmation receipt. Final instructions will be sent approximately one week before the event. Someone will be on site to direct you to your booth.

Name _____ Company/Organization _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Website/Facebook _____

Description of product or service _____

Are you a returning vendor? _____ Is electricity required? _____ (Y/N)

_____ I have read and accepted the attached Fall Festival guidelines (Must be checked to be accepted).

Each 10x10-foot booth space is \$25.

How many spaces are required?	Amount enclosed with payment.
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Send Payment to: Elk Rapids Area Chamber of Commerce, P.O. Box 854, Elk Rapids, MI 49629

*****FOR CREDIT CARD PAYMENTS*****

Name on Credit Card _____

Visa/Mastercard # _____

Billing Address if different from above _____

Exp Date _____ SVC Code _____ [3 digits on back]

Signature (if paying by card) _____

Back Office Use:

Payment processed date _____ Payment type/Check # _____ Amount \$ _____ Confirmation sent _____