



GUIDELINES for 2026 Elk Rapids Fall Festival

Saturday, September 26, 2026, 11 am - 3 pm

1. Submit your applications online to sara@elkrapidschamber.org.
2. The application **must** be accompanied by the registration fee, which can be paid by check or with a credit card.
3. The organizers reserve the right to limit the number of vendors in a particular category. If your application is not accepted, your fee will be returned/refunded.
4. Vendors are responsible for payment of their own State and Federal taxes if applicable.
5. Anyone serving or preparing open, unpackaged, or temperature-controlled food or beverages must have all required licenses and send copies to sara@elkrapidschamber.org
6. This is an outdoor show held on a paved surface.
7. Each space will be 10' X 10'. All vendors are responsible for providing their own display equipment and weather protection. Please plan to anchor your booth without stakes; bring weights, as it may be windy.
8. If electricity is required, please note on the application form and bring an extension cord with GFCI. If your equipment needs a high amount of power to operate, we are currently unable to accommodate it.
9. Set-up time, booth location, event directions, and other information will be sent approximately one week before the show.
10. Vendors may not tear down before 4:00 pm.

For Fall Festival questions, please reach out to Sara at sara@elkrapidsareachamber.org or by calling 231-264-8202

Thank You!

APPLICATION for 2026 Elk Rapids Fall Festival Vendor

You will receive a confirmation email receipt when the payment is processed.

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.

Fee for each 10x10-foot booth:

Chamber Member: \$40

Non-Chamber Member: \$80

How many booth spaces are required:	Amount enclosed with payment:

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 _____