

VENDOR FORM

Name/Group _____ PHONE _____

MAILING ADDRESS _____ CITY _____ ST _____ ZIP _____

EMAIL [please print clearly] _____ EVENT DATE 3rd Saturday in Sept.
(September 20, 2025/10am-4pm)

VENDOR TYPE (Circle One)
Non-Profit Commercial Individual

VENDOR SERVICES-PRODUCTS (must complete this section)

Information ___ Arts/Crafts (offer details) _____ Other _____

FOOD ___ I have insurance YES/ NO – circle one

[Food vendors **with** insurance to provide certificate and also name **Town of Saguache** as “additional insured” for the date of the festival by **September 10th** FAX: (719) 655-2699 or P.O. Box 417, Saguache CO 81149]
Due date for policy

All vendors will be required to sign a waiver and release form (see other side)

Locations-first come/first serve the day of the event. Location = 10'x10' space.

RATES [receipts provided upon request] **Amount x # Locations = Total**

Heritage Booth/Vendor 75 Years of Age or Older donation per booth	FREE	x	<u>1</u>	=	<u>FREE</u>
Non-profit or Senior Discount (Vendor age 60 – 74 donation per booth	\$20.00	x		=	_____
Food Vendors (Contact Vendor Coordinator) donation per booth	\$50.00	x		=	_____
All Other Vendors donation per booth	\$30.00	x		=	_____

(donations are non-refundable)

Please be conscious of the Saguache Chamber's Policy of "No political or religious themes at Chamber-Sponsored Events"

Return forms and check to:
Bonnie Salzman
5250 County Road 42
Del Norte, CO 81132

For questions: Contact Vendor Coordinator
Bonnie Salzman (715) 699-3679
Make check payable to Saguache Chamber of Commerce