

Vendor Application Form – Fall Fair 2025



VENDOR INFORMATION		
Company Name:		
Contact Name:	Title:	
Address:		
Phone:	Email:	
Description of Items for Sale:		
FEE SCHEDULE (Please select one)		
<input type="checkbox"/> Non-Profit (\$30)	<input type="checkbox"/> Table (\$40)	<input type="checkbox"/> Truck (\$50)
<i>Please note vendor fees are required by September 1st. No late payments will be accepted unless prior arrangements have been made. Please select a payment option below. E- transfers are to be sent to: trds2019@gmail.com. Please use the following password: fallfair2025</i>		
<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque	<input type="checkbox"/> E-Transfer

1. All vendors must comply with all rules and regulations put forth by Northern Health.
2. All vendors are responsible for liability insurance (where applicable).
3. Upon leaving the Fairgrounds, all vendors must ensure their sites are tidy and all garbage has been removed.
4. All fees are non-refundable.
5. No electricity or running water is available.
6. Set up time will begin at 10 am on day of event. Breakdown will begin at 6:30pm. (Event will be run from 12-6PM).

TR Days Society will not be held responsible for any liability, lost, stolen or damaged merchandise or any injuries sustained during the Fall Fair.

Signature:_____

Date:_____