



FOUR RIVERS ARTS & CRAFT VENDOR APPLICATION - 2026 SHOW

October 17 (9am to 4pm) & October 18 (10 am to 4pm) EDT

Location: Dubois County Fairgrounds, 4157 S St Rd 162, Huntingburg, IN (near Jasper)

Date: _____

Name: _____ Business Name _____

Address: _____ City _____ State _____ ZIP _____

Phone: _____ Email: _____

Type of Booth: (Please fill out applicable application to your needs):

Craft _____ (10 X 10 Booth Space)

Number of booths _____ X \$70 (Early bird) OR _____ X \$80 (Standard after AUG 1) = _____

Food _____ (10 X 10 Booth Space)

Number of booths _____ X \$70 (Early bird) OR _____ X \$80 (Standard after AUG 1) = _____

Trailer/Truck(Food) _____

Number of spaces _____ X \$125 (Early bird) OR _____ X \$150 (Standard after AUG 1) = _____

Trailer/Truck(Boutique) _____

Number of spaces _____ X \$125 (Early bird) OR _____ X \$150 (Standard after AUG 1) = _____

Direct Sales (Limited spaces/selection) _____ (10 X 10 Booth Space)

Number of booths _____ X \$70 (Early bird) OR _____ X \$80 (Standard after AUG 1) = _____

Number of 8' Tables (Optional) _____ X \$5.00 Each = _____

Two Chairs (Optional) _____ X \$5.00 per Set of 2 = _____

WiFi available for \$5.00 Charge throughout the show (\$5.00 per vendor) = _____

Electricity – available by Special Request – no charge, but Vendor must supply their own UL-approved extension cords.

TOTAL DUE = _____

Make checks payable to: **FOUR RIVERS ARTS & CRAFTS ASSOCIATION** (All fees are non-refundable and non-transferable) **DO NOT SEND CASH! (See Vendor Rules on Website.)**

Product Description (crafts must be handmade by the vendor)(include photos of your products)

Special Requests _____

Vendor's Signature _____

Please mail completed form to: Tina Tucker (FRACA Treasurer), 9709 S Honey Creek Rd, Hardinsburg, IN 47125 (If you want a receipt, please include a stamped self-addressed envelope) Phone: 812-987-6210

Letters must be postmarked by 8/1/26 to receive Early Bird Specials.

FRACA USE ONLY – VENDORS DO NOT FILL THIS OUT!

Payment rcvd by: _____ Date: _____ Check # _____ Amt _____ Other _____