

# 2026 Trail Creek Fall Festival

Vendor Intake Form for the 2026 Trail Creek Fall Festival October 17th, 2026 11 AM to 4 PM, (RAIN DATE: OCT 24th) For an online version to complete [click here](#)

For questions, please contact Katrina Vedo at:

Email: [katwerner89@gmail.com](mailto:katwerner89@gmail.com) Phone/text:

(219) 256-4144

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\* Indicates required question

1. Email \*

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2. Vendor Information: \*

Name (first and last name):

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3. Name of Business/ Organization/ Company: \*

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4. Website/ Social Media Page link (Optional):

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5. Address: \*

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6. Phone: \*

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7. List the items to be sold: \*

\*we do reserve the right to deny if we have multiples of the same thing. We try to allow the full number possible and spread out so like items are not in close proximity. \* Only one Direct Sales/ MLM rep per company is permitted.

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8. Email: \*

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9. Will you be selling food items? \*

If you are a food vendor, it is YOUR responsibility to contact the Laporte County Health Department to determine if you require a temporary food permit.

<https://www.in.gov/localhealth/laportecounty/food-services/>

*Check all that apply.*

☐ YES

☐ NO

10. What type of space do you need? \*

*Mark only one oval.*

☐ Regular vendor space: \$25 (per 10x10 space)

☐ Food trucks/ boutique trailers: \$30

☐ Non-profit: Fee is waived!

11. How much space do you need? \*

*Regular vendor spaces, please try to keep around 10x10.*

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12. **Park Donation \***

*We kindly ask vendors to provide a gift basket or item that can be raffled off during the Silent Auction at the event. All proceeds will go to the Trail Creek Park Board which works to update and improve our parks and playgrounds. For vendors who prefer to donate money, please send or bring a check or cash to the Town of Trail Creek and clearly state that it is for a 'Park Board Donation'.*

*Trail Creek Town Hall*

*211 Rainbow Trail*

*Trail Creek, IN 46360 Mark*

*only one oval.*

☐

Basket or item

☐

Cash or Check/money order

☐

I do not want to donate to the Trail Creek Park Board.

☐

I have not decided yet

13. **Payment method \***

***Please submit vendor fee by SEPTEMBER 30th. Your space is confirmed when your payment is made. The clerk will issue a receipt to each vendor via mail or in person, depending on the payment method.***

***Town Hall Hours Monday through Friday 8am to 2pm Mail***

*or bring payment to:*

*Town of Trail Creek*

*211 Rainbow Trail*

*Trail Creek, IN 46360*

***\*Make checks/money orders to:***

***"The Town of Trail Creek" include a note "Fall Fest Vendor" \*If paying in cash, please leave a note "Fall Festival Vendor"***

*Check all that apply.*

- ☐ Check/Money Order: (include check number under "Other" option below)
- ☐ Cash: Bring cash to Trail Creek Town Hall
- ☐ Non-profit (Fee is waived)
- ☐ Sponsor (Fee is waived)
- ☐ Other:

14. **Our Liability** \*

*The Town of Trail Creek, Parks and Recreation Board, assume **NO** responsibility for losses or injuries for any reasons.*

*Below are the terms and conditions we expect all vendors to comply with:*

1. *I understand that the Trail Creek Fall Festival is October 17, 2026 from 11 AM to 4 PM CDT*
2. ***I understand that I will be responsible for bringing all items needed for my booth (including tables, chairs, electric cords, generator, etc.). No water is available on the premises. Please bring your own water supply and method for wastewater disposal.***
3. *I understand as a vendor I MUST have my booth display set up by 10:45 AM CDT and will not tear down until 4 PM, or unless instructed otherwise.*
4. *I understand the festival organizers will use email, text, and Facebook messenger for all communications.*
5. *I understand Vendors are responsible for all applicable local and state taxes.*
6. *I understand that my fee is not refundable if I cancel after September 30th.*
7. *Checks need mailed to The Town Of Trail Creek, note "Fall Festival Vendor"*
8. *If I am a food vendor, I will be responsible to contact the Laporte County Health Department in a timely manner to determine if I require a temporary food permit. I agree to follow The Laporte County Health department requirements. If I do not meet the requirements I may be shut down and vendor fee will not be refunded.*

<https://www.in.gov/localhealth/laportecounty/food-services/>

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*I have read and agree to the terms. (Typing your full name below acts as your signature) Your*

Answer:

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15. Today's date: \*

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*Example: January 7, 2019*

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