2026 FALL HARVEST FESTIVAL
VENDOR/ CHILDREN'S ACTIVITY APPLICATION FORM
Oct. 10th, 10 a.m. to 4 p.m. and Oct. 11th, 2026 - 10 a.m. to 4 p.m.

Name:_____

Address: _____

_____

Telephone: _____

Email:_____

Check One:
VENDOR SALES ☐
NOT-FOR-PROFIT ORGANIZATION ACTIVITY/ DEMONSTRATION ☐

My participation will include:
_____

_____

_____

_____

Number of Spaces needed_____

Electricity needed ☐ Yes ($10 additional Fee) ☐ No

Amount enclosed_____ ☐ $50.00 per space ☐ $60.00 per space w/elect.

I have read all the conditions stated and implied in the attached guidelines. I understand that I am solely responsible for my person and property before, during, and after my participation in the Fall Harvest Festival. LINCOLN MEMORIAL GARDEN, LINCOLN MEMORIAL GARDEN FOUNDATION, its employees and volunteers are not responsible for any damage or loss to my property, equipment, or person before, during and after the Fall Harvest Festival. I hereby agree not to sue LINCOLN MEMORIAL GARDEN, LINCOLN MEMORIAL GARDEN FOUNDATION, any of its employees, or volunteers for any damage or loss to my property, or for my personal injuries.

_____

Signature Date

Return by September 25, 2026 to:

Fall Harvest Festival
Lincoln Memorial Garden
2301 E. Lake Shore Dr.
Springfield, IL 62712
Email: joel@lincolnmemorialgarden.org