

Summerfair 2026 – Food Vendor Application

Business/Organization Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Type of Foods Served:

Type and Size of Vehicle/Tent that will be used:

Please complete the following. These will be included on our Facebook posts for your business.

Facebook: _____

Website: _____

Instagram: _____

Events: *Please check those you plan to attend:*

_____ Opening Ceremonies/Cheap Sneakers Concert/Kids Night – Friday, June 26th (5pm-10pm)

_____ Craft Show – Saturday, June 27th (8am-3pm – show begins at 9am)

_____ Harrisburg Symphony – Sunday, July 5th (6pm-10pm – concert begins at 8pm)

Cost: \$50.00 per event: Amount enclosed: \$ _____ Check #: _____

All food vendors are required to provide a Certificate of Insurance in an amount not less than \$1,000,000 each occurrence for liability coverage. This Certificate must be effective during the dates of the Summerfair event and must be returned along with the completed contract. Vendor agrees to indemnify, defend, and hold harmless, Summerfair and its' Officers and Board of Directors, from any liability including personal injury or death, that results from the Vendors operation of a food and beverage concession at the Summerfair event(s) set forth above. Insurance Certificates are to be made out to Certificate Holder (Office of the President, Dickinson College, PO Box 1773, Carlisle, Pa 17013).

Vendors are requested to keep their food stand open full-time during the length of the event. Vendor agrees the assigned site shall be cleaned thoroughly and that all equipment and refuse shall be removed within an hour and a half of event ending. Carlisle Summerfair will not carry insurance or be responsible for any personal injury or financial loss of any nature. Event will be held rain or shine and is outdoors.

Signature Required: _____
(signature verifies that applicant has read and agrees to the above statement)

**Please return this application and insurance certificate with your check or money order (payable to Carlisle Summerfair) to:
Connie Hollenbaugh, Attn: Summerfair, 3059 Spring Rd., Carlisle, Pa 17013**

Organization Use Only:

App Received: _____ Check #/Amount _____/_____
Facebook Posted: _____ Insurance Certificate Received: _____