



**48TH ANNUAL**

# FALL FEST

**OCTOBER 17<sup>TH</sup>, 2026**

**10AM-4PM**

## VENDOR APPLICATION

**VENDOR SET UP  
WILL BE AT  
8:30AM**

### Vendor Information

**Name**

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**Business Name**

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**Address**

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**Phone Number**

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**Email or Webpage**

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**Description of items you will be selling:**

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### Space Information

**Number of vendor spaces (10x10) at \$25 per space:**

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**Total amount enclosed:**

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**Please make all checks payable to: "Camp Eder"**

**I will be donating the following tax-deductible item to the benefit auction:**

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**I would like to donate \$\_\_\_\_\_ to the fundraising efforts of Camp Eder**

**Signature and Date** \_\_\_\_\_

**PLEASE RETURN THIS APPLICATION BY OCTOBER 9<sup>TH</sup>, 2026**

**Return to: Camp Eder, 914 Mount Hope Road, Fairfield, PA 17320**

**Questions? Contact us at 717-642-8256 or**

**[campeder@campeder.org](mailto:campeder@campeder.org)**