

Booth Registration
(Business, Individual, Non-Profit)
37th Annual Blueberry Festival
Saturday, August 8, 2026
 Canal Street & Liberty Square
 Ellenville, NY 12428
 9 am - 4 pm • Rain or Shine



PLEASE READ: IMPORTANT INFORMATION

All spaces will be filled on a first come, first paid basis. We will not "hold" a space until payment is received. We do not promise any vendor a specific space, nor do we give any vendor exclusivity of product. We do not provide tents, tables, chairs, or water. For your own comfort and health, bring these with you. Limited spaces with access to electric are available at \$40.00 extra per plug-in for the day; you will need to bring your own 50' extension cord. Please decorate with Blueberry/ blue table covers, etc.) as the theme of the day. Best decorated blueberry themed booth will be awarded 1 free space at next year's festival!

- - Please check our website: www.ewcoc.com for updates regarding the festival - -

BUSINESS NAME: _____

CONTACT PERSON: _____ **PHONE:** _____

ADDRESS: _____

***EMAIL:** *(please print clearly)* _____

WHAT ARE YOU SELLING? _____

Will you be using a Generator? Y N **ABSOLUTELY NO LOUD GENERATORS WILL BE TOLERATED!**

Registration/payment DUE **before** July 1, 2026

MEMBER NON-Food 10x10 space @ \$ 75.00ea. Quantity _____

MEMBER Food 10x10 space @ \$ 100.00ea Quantity _____

NON-MEMBER NON-Food 10x10 space @ \$ 110.00ea Quantity _____

NON-MEMBER Food 10X10 space @ \$125.00ea Quantity _____

Electric Add on @ \$40.00ea Quantity _____

TOTAL: _____

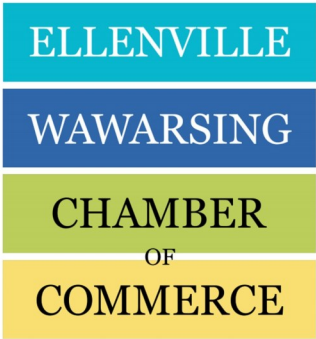
DO NOT SUBMIT REGISTRATION WITHOUT PAYMENT AND CERT. OF INSURANCE. FEES ARE NON-REFUNDABLE NO SPACE WILL BE RESERVED UNTIL FEES ARE PAID IN FULL. ALL FEES INCREASE \$25 AFTER JULY 1 if available

**Payment by mail: CHECK or MONEY ORDER, payable to: EWCOG (Ellenville-Wawarsing Chamber of Commerce)
 PO Box 227, Ellenville NY 12428.**

**Cash or check payments are accepted at the Chamber Office, 124 Canal Street
 (across from Hudson Valley Credit Union)**

Office use only:

DATE REC: _____ **PD BY:** _____ **AMT:** _____ **ELIST:** _____ **SPACE#** _____



*** MEMBERSHIP APPLICATION ***

RENEWAL NEW Date _____

845 • 647 • 4620

Name of Business: _____

Street Address: _____

Mailing Address: _____

Phone: _____ Cell: _____ Fax: _____

Contact Person: _____ Title: _____

Email: (Please PRINT clearly): _____

Your Business Website address: _____

Please print a brief Description of your Business/Service: _____

2026-27 Annual Membership

Membership dues are paid annually on January 1st

Business Membership: \$75.00 Individual or Non-Profit Membership: \$50.00
(include a copy of your tax-exempt certificate)

Membership in the Ellenville-Wawarsing Chamber of Commerce (EWCO) is an investment in the future of our area. Even a little of your time and talent means a lot to us!

Please check your Interests:

Membership Blueberry Festival Wawarsing Wassail Board Member

Other _____

***EWCO thanks you in advance for your commitment and appreciates your support!
Welcome!***



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/25/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
SlateFarm
Dan Couse
85 N Main St
Ellenville, NY 12428

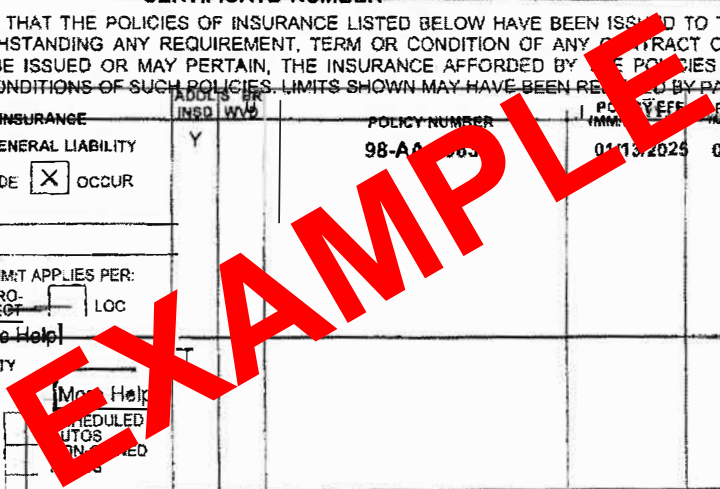
CONTACT NAME: Dan
PHONE: 845-647-7683
E-MAIL ADDRESS:
INSURER(S) AFFORDING COVERAGE
INSURER A: State Farm Fire and Casualty Company NAIC # 25143
INSURER B:
INSURER C:
INSURER D:
INSURER E:
INSURER F:

INSURED
Ellenville Wawarsing Chamber of Commerce
PO Box 227
Ellenville, NY 12428

COVERAGES CERTIFICATE NUMBER REVISION NUMBER

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	INSURANCE PERIOD	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JEOT <input type="checkbox"/> LOC OTHER: [More Help] AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> [More Help] <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below	Y	98-AA-0000	01/13/2025	01/13/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP ASS \$ 2,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$ PER STATUTE TU H-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$



DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Additional Insured:
Village of Ellenville
Elting Ct
Ellenville, NY 12428

CERTIFICATE HOLDER

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
AUTHORIZED REPRESENTATIVE
Electronic Signature Not Available. Please Print and Sign.