



Saturday, October 4, 2025
9 AM to 3 PM
St. Joe Fall Festival
at Sacred Heart Catholic Church
32145 St Joe Road
Dade City, FL 33525

352-588-3641
office@sacredheartdadeccity.org

Craft Vendor Application Form

Vendor/ Business Name: _____

Artist/Crafter Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Main Phone _____ Cell Phone _____

E-Mail _____ Website: _____

Number of 12'X12' Outside Booth Spaces _____ Number of Inside Booth Spaces _____

**NOTE: Tents are optional, however, tents larger than 10x10 are not allowed. If reserving multiple booth spaces, separate tents must be used.*

Since outside spaces are in the parking lot, please bring appropriate weights for your tents. You assume full liability for non-secured tents.

Description of Product(s) Sold: _____

Vendors Checklist:	Non-refundable Vendors Fees:	
<input type="checkbox"/> Signed Application Form	Outside Booth Space: \$35.00 after 9/1/25	\$ _____
<input type="checkbox"/> Description of items to be sold by Vendor	• Outside Booth Space before 9/1/25 (\$30)	\$ _____
<input type="checkbox"/> Picture(s) of your goods***	• Outside Booth Space before 8/1/25 (\$25)	\$ _____
***Photos must be included in order for application to be considered.		
	Inside Booth Space: \$55.00 after 9/1/25	\$ _____
	• Inside Booth Space before 9/1/25 (\$50)	\$ _____
	• Inside Booth Space before 8/1/25 (\$45)	\$ _____
	Electric (\$25 additional, if requested)	\$ _____
<input type="checkbox"/> Payment by check or money order	Total Vendor Fee:	\$ _____

I have read and completed this application. I understand and agree to pay Sacred Heart Catholic Church the applicable fees for this event. I understand that they have the right not to accept my application or an individual item listed if considered a duplicate, and if so, I will be notified in writing by mail and/or e-mail. I understand that vendor fees are non-refundable upon acceptance of my application. If accepted, I will participate at my own risk and will not hold Sacred Heart Catholic Church, or any of its representatives, liable for loss or damages.

Signature _____ Date _____

For questions, please contact our St. Joe Fall Festival Committee at office@sacredheartdadeccity.org or (352) 588-3641.

Craft Vendor Co—Chairs: Margaret Goswick and Iris Alicea

Please send all forms and payment to:

Attn: Fall Festival, Sacred Heart Catholic Church, 32145 Saint Joe Road, Dade City, FL 33525