

# 2026 Downtown Decatur Day Vendor Application

Event Date: June 20<sup>th</sup>, 2026

10am-2pm

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Best Contact Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**FORM AND PAYMENT MUST BE RECEIVED BY MAY 11TH**

Instructions: Make checks payable to Decatur Main Street, **Memo Line: Decatur Day.**

Please send in your application, signed release and liability waiver, and payment to:

Decatur Main Street / City Hall

PO Box 148

Decatur IN 46733

**BOOTH INFORMATION: Please mark below your booth description**

Non-Profit \_\_\_\_\_ Retail \_\_\_\_\_ Food \_\_\_\_\_

**BOOTH SIZE NEEDED: Please mark size needed**

Non-Profit and Retail Only: 10 x 10: \$35 \_\_\_\_\_ 10 x 20: \$45 \_\_\_\_\_

Food Vendor Only: 10 x 10: \$50 \_\_\_\_\_ 10 x 20: \$60 \_\_\_\_\_

**Food Vendors Only** Electricity: \$10 \_\_\_\_\_ **Please mark if needed**

**Total Amount Enclosed:** \_\_\_\_\_

**Please fill out:** Merchandise Sold (or info on non-profit organization)

\_\_\_\_\_

\_\_\_\_\_

**Event Contact:** [downtowndecaturday@gmail.com](mailto:downtowndecaturday@gmail.com)

**Be sure to follow the event on Facebook for further event details and offerings:**

**2026 Downtown Decatur Day**

# 2026 Downtown Decatur Day Waiver & Release of Liability

Event Date: June 20<sup>th</sup>, 2026

10am-2pm

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

I hereby waive any risk and take full responsibility, and waive any claims of personal injury or damage to personal property associated with the Downtown Decatur Day and/or Sidewalk Sale. I understand that the activities involve a risk of property damage, property loss, or personal injury.

I have read this Waiver and Release and fully understand its terms. I understand that I am giving up legal rights.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_