



## Spring In The Hollow 2026 Vendor Application

Saturday, April 25th

8:30 a.m. - 5:00 p.m.

Lynchburg Town Square

Set up time is 7:00 am on the day of the event.

**Vendor Space Fee:** 10'X10' - \$50, 10'X20' - \$80, 10'X30' - \$120 **Due by April 10th**

**Limited Electricity:** \$20 per 20-amp plug

- **THIS IS A RAIN OR SHINE EVENT. FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE.**
- Vendors are responsible for cleanup of their area.
- Tents/ canopies must be secured/ weighed down to avoid injury and or damage.
- The chamber is not responsible for any stolen items.
- Vendor vehicles must be removed after setting up and parked off the Square.
- Vendors using electricity are required to use approved yellow extension cords that will be inspected by a chamber representative. Use of generators is discouraged.
- All animals must be on a leash.
- Confirmation **will** be sent once accepted. You will be directed to your space upon arrival.
- **DRUGS, ALCOHOL, FIREARMS OR FIREWORKS ARE NOT PERMITTED FOR SALE OR USE. ABUSIVE OR VULGAR LANGUAGE WILL NOT BE TOLERATED.**
- Vendors must furnish their own tables, chairs, canopies, tents, and approved extension cords. Food Vendors must show proof of a fire extinguisher.
- **For questions and space availability call or email:**

Marsha Hale - 931-247-5540, [marsha.lynchburgcoc@gmail.com](mailto:marsha.lynchburgcoc@gmail.com) or

Jacob Byrom - 931-247-3253, [jacob.byrom@icloud.com](mailto:jacob.byrom@icloud.com)

## Spring In The Hollow 2026 Vendor Application

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

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

Facebook Page: \_\_\_\_\_

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

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

Number of Spaces \_\_\_\_\_ Electrical 20 AMP \_\_\_\_\_ \*Extra Charge

**Vendor Space Fee:** 10'x10' - \$50, 10'x20' - \$80, 10'x30' - \$120 **Due by April 10th**

**Limited Electricity:** \$20 per 20-amp plug

Total sum enclosed with application: \$ \_\_\_\_\_

Description of all items/ products that will be sold:

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Release & Indemnity Agreement – Please read before signing.

In consideration of your accepting this application I, the undersigned, intending to be legally bound for myself, my heirs, executors, and administrators, waive the release of any and all right and claims for damages may have against the Metro Lynchburg/ Moore County Chamber of Commerce. Metropolitan Lynchburg/ Moore County, their representative, successors and assigns for all injuries suffered by me in this event.

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



**venmo**

**Mail application and payment to:**  
**Lynchburg Chamber of Commerce**  
**P.O. Box 421**  
**Lynchburg, TN 37352**

