

**VENDOR ENTRY FORM**

QUESTIONS? CALL:  
MARLENE CARMICHAEL  
(530) 357-5449

# HAPPY VALLEY

2026 STRAWBERRY FESTIVAL 2026

**MAY 23rd and 24th, 2026**

WEST VALLEY HIGH SCHOOL  
3805 HAPPY VALLEY ROAD, COTTONWOOD, CA  
**9AM-5PM SATURDAY / 9AM-4PM SUNDAY**

Alternate rain dates May 30th-31st, 2026



**STOP** If you are a FOOD VENDOR, you MUST submit a 2026 Shasta County Health Department Certificate with this application. If you don't have that now, stop and obtain that first before proceeding. The Shasta County Health Department can be contacted by calling Fern at (530) 225-5787. **STOP**

## FOOD VENDOR ENTRY DETAILS

NO ELECTRICITY OR TABLES PROVIDED. CANOPY OR TRAILER REQUIRED BY  
HEALTH DEPARTMENT. ELECTRIC GENERATORS OK.

Food(s) Offered:

### CHECK ONE BOX ONLY

**BEFORE Apr 20, 2026**

**AFTER Apr 20, 2026**

\$250  Saturday ONLY

\$350  Saturday ONLY

\$250  Sunday ONLY

\$350  Sunday ONLY

\$400  BOTH Days

\$550  BOTH Days

FOOD VENDORS EXHIBITING BOTH DAYS RECEIVE PREFERRED  
PLACEMENT AT THE FESTIVAL BUT MUST SET UP FRIDAY.

NOTE: ALL Drinks of ANY kind will ONLY be sold by  
the Happy Valley Foundation.

Check only ONE below to indicate space you will use:

Outdoor booth (12' x 12' uniform size)  
 Food Truck - FOOTPRINT:  ft  in x  ft  in  
 Trailer - FOOTPRINT:  ft  in x  ft  in

WRITE AMOUNT OF CHECKED FEE HERE \$

## ABSOLUTELY NO REFUNDS AFTER MAY 15TH, 2026

NAME \_\_\_\_\_

PHONE ( ) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CELL ( ) \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_

I/we hold Happy Valley Community Foundation, Inc; its Board Members, sponsors and the Anderson Union High School District free and harmless from any and all liabilities which may result from activities connected with this year's production of the "Strawberry Festival Arts, Crafts and Antique Fair", and agree to adhere to all the rules and regulations of the show. Failure to abide by the rules may result in being asked to leave the show.

DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SIGNATURE \_\_\_\_\_

CA RETAIL SALES PERMIT # (REQUIRED) \_\_\_\_\_



FOOD VENDOR: I'VE CHECKED 3 BOXES ABOVE AND AM INCLUDING MY VALID 2026 HEALTH DEPARTMENT CERTIFICATE  
 MAKE CHECK / MONEY ORDER PAYABLE TO: **HAPPY VALLEY COMMUNITY FOUNDATION**  
 INCLUDE A **10"x13"** SELF-ADDRESSED, STAMPED MANILA ENVELOPE WITH ENTRY FORM TO RECEIVE VENDOR PACKET BACK!  
 MAIL THIS ENTRY FORM, PAYMENT, AND STAMPED (2 STAMPS) RETURN ENVELOPE, TO:

Happy Valley Community Foundation  
C/O M. Carmichael  
15601 Cloverdale Road  
Anderson, CA 96007

FOR COMMITTEE USE ONLY:

DATE RECEIVED: \_\_\_\_\_ CHK# \_\_\_\_\_ SPACE NUMBER ASSIGNED \_\_\_\_\_

EMAIL SENT \_\_\_\_\_ ACCEPTANCE MAILED: \_\_\_\_\_ RETURN ENV: \_\_\_\_\_