

# 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



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.



### FOOD VENDOR ENTRY DETAILS

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

Food(s) Offered:

**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

#### CHECK ONE BOX ONLY

BEFORE Apr 20, 2026	AFTER Apr 20, 2026
\$250 <input type="checkbox"/> Saturday ONLY	\$350 <input type="checkbox"/> Saturday ONLY
\$250 <input type="checkbox"/> Sunday ONLY	\$350 <input type="checkbox"/> Sunday ONLY
\$400 <input type="checkbox"/> BOTH Days	\$550 <input type="checkbox"/> BOTH Days

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

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: