

Twin Lakes National Fiddlers Championship 2026 Vendor Registration



ALL VENDORS MUST:

- Complete and sign application, including payment (if applicable) to “City of Leitchfield”.
- Provide a brief description of booth activity (give away/ information/items to sell).
- Vendors are responsible for their own stands, tables, tent and chairs. Electricity will not be provided.
- Food Vendors contact Leitchfield Tourism 270-259-5587. You will be responsible for your own insurance policies- Food vendors must be compliant with all local and state health department regulations. A limited number of food vendors will be accepted.
- Be responsible for collecting and reporting any applicable taxes.
- All vendor booths should be attractive from all sides and not distract from any neighboring booths.
- All vendors are responsible for disposing of their garbage and clean up. Vendors are responsible for any/all damage to property.
- Non-Profit Organizations will not be charged to participate if documentation with Tax ID # is provided.
- \$35.00 Booth Fee (10x10) before **5/1/26** _____ \$45.00 Booth Fee **after 5/1/26** _____
- **Deadline is 7/10/26. No refunds will be given. Please make checks payable to the “City of Leitchfield”**
- **Setup/Teardown:**
Saturday (7/18)- Vendors may begin setting up at 7:00 a.m. (and must be set by 9:00 a.m.). The Twin Lakes National Fiddlers Contest will not end until 9:00 pm. **NO vehicles** will be allowed to enter the square during the contest for teardown. IF a vendor leaves before the contest ends- belongings must be carried/wheeled out.

If you would like to reserve a spot please return the registration form below by mailing: 515 S Main St, Leitchfield, KY 42754 or fax 270-259-5858. You will be contacted to confirm your reservation. The deadline to register is Friday, July 10, 2026. For more information call 270-259-4034 ext 100

Participant shall indemnify, defend, and hold harmless the Twin Lakes National Fiddler Championship, The City of Leitchfield, directors and volunteers for any and all claims arising out of the vendor booth. This includes, but is not limited to, all attorney fees, damages, expenses, and any other related costs- both direct and indirect.

BUSINESS/ORGANIZATION NAME: _____

CONTACT NAME: _____ **PHONE** _____

ADDRESS _____

E-MAIL _____ **Is booth non-profit?** _____ **If yes documentation is required.**

DESCRIPTION OF BOOTH: _____

Booths locations will be assigned on a first-come, first serve basis (except food vendors)

Signature

Date

OFFICE USE ONLY:

Date Submitted: _____

Cash _____ Check # _____ Non-Profit _____

Contacted for Setup _____

Notes _____
