



Saturday, December 5, 2026



**FOR MORE INFORMATION
(239) 549-6900**

**Zack@CapeCoralChamber.com
239-549-6900 ext 111**

**Chamber of Commerce of Cape Coral
PO Box 100747, Cape Coral, FL 33910**

HolidayFestivalcc.com

CRAFT/BUSINESS VENDOR APPLICATION

The Chamber of Commerce of Cape Coral is proud to continue the Holiday Festival of Lights. The staging area for vendor placement is located on Cape Coral Parkway at the GPS address below. Please report to the staging area between 10:00am and 1:00pm for placement. Do not attempt to place yourself without checking in with a member of the Event Team, and please do not leave equipment, tents, etc. unattended at any time after check in. **YOU MUST CHECK IN WITH EVENT STAFF PRIOR TO PLACEMENT.** Late arrivals will be placed at the discretion of the event coordinators, and there will be no vendors placed after 1:00PM.

Vendor Check-In Address: Vincennes Street & Cape Coral Parkway

It is the goal of the chamber to place vendors in the location of their choosing, but this is not always possible. Please take into consideration the entire size requirements of your booth, and/or trailer, truck, etc. when signing up for your space. Please be respectful of all the vendors and the space you have rented. Be ready for business no later than 3:30pm. All vehicles and trailers must be off the road by 3:00pm.

No refund for inclement weather or event cancellation.

Vendors are responsible for their trash. **DO NOT** leave boxes, garbage bags, etc. on the street when you leave. Trash left in your space can and will result in additional fees. There is a large dumpster conveniently located for trash disposal. Failure to clean up your space could hinder future participation. The Chamber Staff hold the right to not allow a vendor to sell items that are deemed unsafe or not appropriate for the event. Subleasing your space is prohibited. Vendors that don't comply will be removed from event with no refund.

Please Note: There is only ONE Santa. Anyone in your booth dressed as Santa will be asked to leave or change immediately.

\$500

10x15 Space,
Lights, Tent, 2
Chairs, Table,
Power

MEMBERS RATE

\$300

10X15 SPACE
WITH POWER

MEMBERS RATE

NON-MEMBERS RATE

\$625

10x15 Space,
Lights, Tent, 2
Chairs, Table,
Power

\$375

10x15 Space
With Power

Total amount due: \$ _____

Please make sure all checks are made out to: Chamber of Commerce of Cape Coral

PAYMENT IS DUE WITH VENDOR APPLICATION

Company Name _____

Contact Name _____

Contact Title _____

Company Address (including city, state, zip) _____

Phone Number _____

Email Address _____

Fax Number _____

Payment Type:(please check one)

Check

Cash

Credit Card

Card Number _____

Expiration Date _____

CVV Code _____

Zip Code _____

Type of Card _____

Name on card _____

Authorized Signature _____

Date _____

Hold Harmless Release Form:

In participation of this event I hereby, for myself, my heirs, executors and assigns, do waive, release, and hold the Chamber of Commerce of Cape Coral harmless from all claims or causes of action for damages or personal injury suffered by me while participation in this event. Whether known or unknown, and I understand that I am assuming the risk for any damages or injury to my property or person which I may sustain while participating in this event. If I should suffer any injury or illness, I authorize the employees of the Chamber of Commerce of Cape Coral to use discretion to have me transported to a medical facility and I take full responsibility for such action. I hereby authorize the use of any photographs, video picture or other material related to the event for publicity, promotion or news purpose. By signing below, I also acknowledge that I am responsible for providing my own 100ft extension cord to access the electrical source.

Signature: _____