

2026 Scandinavian Midsummer Festival Association
PO Box 34
Astoria, OR 97103
Email: scanfestbooths@gmail.com

ASMFA BOOTH APPLICATION
Application and Payment Due: APRIL 30th, 2026

Please Fill Out Completely & Print Clearly

Organization: _____
Contact Person: _____
Address: _____
City / State / Zip: _____
Home Phone: _____ Cell Phone: _____
Email Address: _____

Vendor Type: ☐ For Profit ☐ **Non-Profit** (Free Booth Fee-must meet Non-Profit criteria)
(Electricity for a fee - fill out electricity info below)

Booth Type: ☐ Food ☐ Arts & Crafts ☐ Other

Booth Location: ☐ Indoor (all spaces are indoors)

RV Parking / Camping: ☐ Yes (fill out "Application for Vendor RV Parking" form)

Booth Size (minimum): (10 ft wide x 10 ft deep) 10 ft x 10 ft = \$ 150.00

*Additional Booth Width: (\$15 each add'l ft) _____ ft x \$ 15.00 /ft = \$ _____

Corner Booth: ☐ No ☐ Yes _____ x \$ 75.00 = \$ _____

One 6 ft Table (included in booth fee): ☐ No ☐ Yes _____ x \$ - = \$ FREE

*Additional 6 ft. Table(s) (\$10 each add'l table) _____ x \$ 10.00 ea. = \$ _____

Electricity (Minimum = 1 circuit): ☐ No ☐ Yes _____ x \$ 30.00 = \$ _____

*Additional Electrical Circuits: (\$10.00 each add'l circuit) _____ x \$ 10.00 ea. = \$ _____

TOTAL DUE:

\$

Brief Description of Products: _____

Return Application with Payment to: ASMFA, Attn: Booths, PO Box 34, Astoria, OR. 97103

Terms & Conditions:

Insurance & Liability: Neither the Scandinavian Midsummer Festival Assn, Clatsop County, Clatsop Cty Fair Board, nor any and all sponsors shall be responsible for loss or damage occurring to vendors or their contents for any cause. If insurance is required, it must be obtained by the organization or individual renting the booth space. The organization agrees to protect and hold harmless the Scandinavian Midsummer Festival Assn., Clatsop Cty, Clatsop Cty Fair Board, and any and all sponsors of this event, their successors, representatives, and assignees, for any injuries suffered while participating in the ASMFA 2026.

Signature of Representative: _____ Date: _____

For Festival Use Only:

Date Recv'd: _____ Check #: _____ Amount Recv'd: \$ _____

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To Be Filled Out ONLY if Requesting Electricity:

Organization: _____

Contact Person: _____

Contact Phone #: _____

Electricity (Minimum = 1 circuit): 1 = \$30.00 **Booth Size:** 10 x _____

*Additional Electrical Circuits: _____ = _____
(\$10.00 each add'l circuit)

Total Circuits: =

List ALL appliances and **wattage** needed. (Wattage = Amps x Volts)

Appliance: _____ **Wattage:** _____

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Appliance: _____ **Wattage:** _____

Appliance: _____ **Wattage:** _____

Appliance: _____ **Wattage:** _____

***If additional space is needed, please list on the back of this form*

Additional Comments / Information:

For Festival Use Only:	
BOOTH #:	_____

For Festival Use Only:

Date Received: _____ Amount of Pymt: _____

ASTORIA SCANDINAVIAN MIDSUMMER FESTIVAL ASSOCIATION

APPLICATION for VENDOR RV PARKING

*You have indicated on your Vendor Application that you would like RV accommodations.

*All RV sites are located in the gravel parking area across the road from the Clatsop County Fair & Expo Event Center.

*All campers must be an ASMFA Vendor, Entertainer, or Officer of the Festival.

*Campsite rates are established by the Clatsop County Fairgrounds

Form and Payment must be submitted with Vendor Application

Check One:	**Hook-ups include water and electric only (no sewer)	Rate per Night (includes Tax)	# of Nights	Total (includes 12.5% County Transient Tax)
<input type="checkbox"/>	Camping with Hook-ups	\$ 40.00		
<input type="checkbox"/>	Camping without Hook-ups	\$ 17.00		
<input type="checkbox"/>	Tent Camping	\$ 12.00		

CAMPER INFORMATION:

Vendor Name:			
Contact Name:			
Contact Phone #:			
Email:			
Tent or RV:	<input type="checkbox"/> TENT	<input type="checkbox"/> RV	
RV Self-Contained:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Requested Hook-ups:	<input type="checkbox"/> Water	<input type="checkbox"/> Electricity	
Type of RV:	<input type="checkbox"/> Motorhome	<input type="checkbox"/> 5th Wheel	<input type="checkbox"/> Travel Trailer
	<input type="checkbox"/> Truck Bed Camper		
Number of Slides: _____ Number of People: _____			
Length of RV: (ft) _____ RV License #: _____ State: _____			

Please send my confirmation for RV Parking by (select one):

☐ Email

☐ Text Message