

2026 Scandinavian Midsummer Festival Association
PO Box 34
Astoria, OR 97103
Email: scansfestbooths@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 Rec'd: _____ Check #: _____ Amount Rec'd: \$ _____

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To Be Filled Out ONLY if Requesting Electricity:

Organization: _____

Contact Person: _____

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: _____

Appliance: _____ Wattage: _____

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:

For Festival Use Only:

Date Received: _____ **Amount of Pymnt:** _____

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