



HILL COUNTRY LIVING + RAINWATER REVIVAL FESTIVAL

SATURDAY, OCT 20
10AM TO 5PM
DRIPPING SPRINGS RANCH PARK
RAINWATERREVIVAL.COM

VENDOR / EXHIBITOR / MARKETPLACE APPLICATION

Business name: _____

Contact name: _____

Mailing Address: _____
Street/P.O. City State Zip

Business Phone: _____ Your cell phone: _____

Email: _____ Website: _____

Type of Products/Services*: _____

Load in time (please check one): ☐ Fri, Oct. 19 12pm-5pm ☐ Sat, Oct. 20 6am-8am

Overnight security will be provided the night of Oct. 19, event host, venue and planners assume no responsibility for lost, stolen or damaged items.

Do you require a table and chairs? ☐ YES, please provide an 8 ft. table and two chairs. ☐ NO, I will provide my own.

Vendor Types	Early Bird (through July 31)	Standard (Aug 1 - Oct 15)	Booth Quantity	Electric Hookup*
Vendor Hall, 10X10 booth	<input type="checkbox"/> \$125	<input type="checkbox"/> \$175	_____	<input type="checkbox"/> \$35
Vendor Hall, 10X10 booth Government & nonprofit only	<input type="checkbox"/> \$125	<input type="checkbox"/> \$125	_____	<input type="checkbox"/> \$35
Large Display in Arena, 20X20	<input type="checkbox"/> \$175	<input type="checkbox"/> \$225	_____	<input type="checkbox"/> \$35
Marketplace Booth, 10X6 Artisans, agriculture products, handmade goods only	<input type="checkbox"/> \$75	<input type="checkbox"/> \$125	_____	<input type="checkbox"/> \$35
Tiny Home	<input type="checkbox"/> \$125	<input type="checkbox"/> \$175	_____	<input type="checkbox"/> \$35
Tricked-Out Trailer	<input type="checkbox"/> \$125	<input type="checkbox"/> \$175	_____	<input type="checkbox"/> \$35

Booth number/s preferred (Please refer to floor plan and list top 3 choices. Assigned first come, first serve)

1st choice: _____ 2nd: _____ 3rd: _____

***Electricity unavailable to booths # 19-52. If you require electricity, please list the following information:**

Type of plug(s) _____

of items to power _____ **NOTE: If you require a plug other than a standard 110 volt, then please send a photo of your plug.**

Payment required with application.

Total enclosed \$ _____ (check or money order only) **OR** [Click to apply & pay online](#)

Make check or money order payable to: HCA-Rainwater Revival

Mail check and application to: 15315 Hwy 71 West, Bee Cave, TX 78738

For more information: Contact Sheila at 512-623-9147 or info@rainwaterrevival.com

Organizers reserve the right to refuse
any vendor application if deemed
inappropriate for event.