



**TOWN OF HIGHLANDS
AMBULANCE**

— presents —

The 33rd Annual

FALL FOLIAGE FESTIVAL

Sunday, Oct. 11, 2026 • 10 A.M. to 4 P.M.

North Main Street, Highland Falls, NY

**OUR STREET FAIR IS ALWAYS
VERY SUCCESSFUL!**

Rain or shine, it draws in many visitors with vendors, street entertainment, a DJ and more!

Festival is located outside the gates of West Point and across from the West Point Visitor Center.

We advertise this event in all county and local newspapers.

Please make your check payable to THAC and mail it with completed registration form to:

**PO Box 35
Highland Falls, NY
10928**

If you have any questions, please contact Bryanna at bryanna.torino@gmail.com with "Fall Foliage 2026" in the subject line. You may also call or text (845) 461-4781.

VENDOR PRICES:

10 x 10 - \$140.00

10 x 20 - \$170.00

Food Truck* - \$200.00

**Food Truck price is for drivable food truck/trailers.
Please call/text if you have questions about your food truck.*

**PAYMENT IS DUE WITH YOUR REGISTRATION
AND IS NON-REFUNDABLE.**

A confirmation email will be sent upon receipt of your registration. Spot numbers will be given the day of, at check-in.

You can now PAY ONLINE, too:

<https://www.zeffy.com/en-US/ticketing/fall-foliage-festival-vendor-spots>

Or scan the QR code below.

If you pay online, please ensure you email or mail your registration form to the address below or you will NOT be registered:

**THAC
PO Box 35
Highland Falls, NY 10928**





TOWN OF HIGHLANDS AMBULANCE

2026 Fall Foliage Festival Vendor Registration

Please fill out this entire registration form.

PLEASE PRINT CLEARLY

Name: _____

Address: _____

Phone Number: _____ Email: _____

Merchandise you are selling: _____

Are you going to be using a generator? YES NO

Which spot size would you like? 10 x 10 10 x 20 Food Truck

Amount Paid: \$140.00 \$170.00 \$200.00 I've paid online
 Check enclosed

I, (please print name) _____ **HEREBY RELEASE THE TOWN OF
HIGHLANDS, VILLAGE OF HIGHLAND FALLS, AND TOWN OF HIGHLANDS AMBULANCE FROM
ANY AND ALL LIABILITY.**

Signature

Date

Do not write in this box - for Town of Highlands Ambulance use only.

Emailed Confirmation: _____ Spot #: _____