

MARIGOLD FARMERS MARKET

Thank you for your interest in being a vendor at Marigold Farmers Market.

* First Name _____

* Last Name _____

* Business Name _____

* Address _____

* City _____

* Province _____

* Postal Code _____

* Business Phone _____

* Email Address _____

*** Release my contact information to patrons of the farmers market when requested.**

Yes No

* Number of tables required (\$10.00 each) _____

* Power needed (\$5.00 extra) Yes No

*** Products selling (please circle)**

Art

Baking

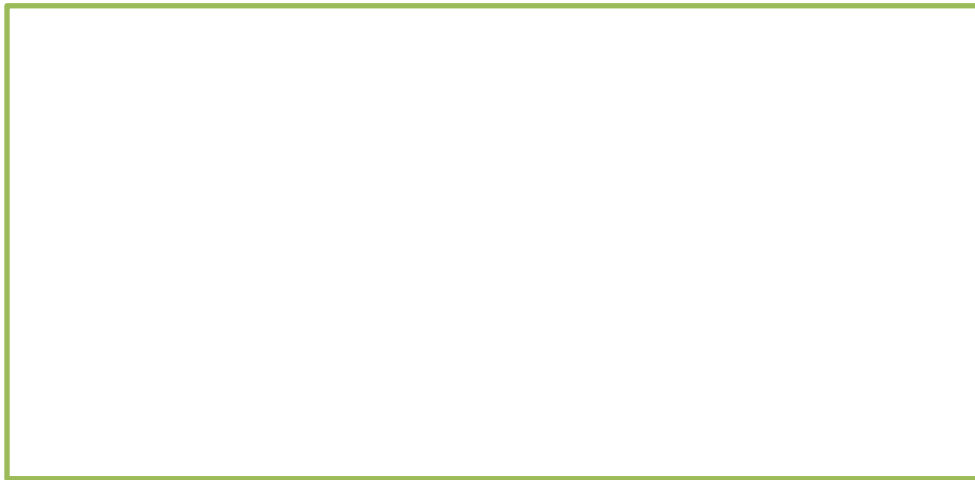
Fruits and vegetables

Meat

Woodworking

Other _____

*** Please Describe items you wish to sell**



* Indicates Response Required