

Vendor Application



Clatskanie Farmers Market Spring Bazaar and Plant Sale

Vendor Information (please print or type)

Name _____

Business Name _____

Billing address _____

City, ST Zip Code _____

Phone 1 | Phone 2 _____

Fax | Email _____

Event Information

Please enclose \$25 per table space requested. Spaces are approximately 8' wide by 6' deep. Tables will be provided.

I request _____ tables @ \$25 = \$_____

Product Description (Product must be made by you. Re-selling is not permitted.)

Acknowledgement Information

By signing below, I certify that I have read, understood, and agree to abide by requirements of this document.

I agree to hold harmless the Clatskanie Farmers Market, The City of Clatskanie, The American Legion (owners of the venue) and all of their Officers, employees, representatives, directors, agents or members from and against all liability claims suits, damages, levies, cost, losses and fees including attorney fees rising out of or related to my activities this event. I understand that my assigned vending location is at the discretion of the market. I understand that all fees are due and payable at the time of the application, and that this contract may be cancelled by myself or CFM with no less than 48 hours' notice.

Signature(s)

Date

Please call the CFM Market Manager, Wish Velliquette
for more information: 503-308-3968

Clatskanie Farmers Market
PO Box 1501
Clatskanie, OR 97016