

Clatskanie Farmers Market

Spring Bazaar Vendor Application

Saturday, April 28 9:00-3:00

CMHS Commons Area



123FreeVectors.com

Vendor Contact

Name: _____

Mailing Address: _____

Primary Phone: _____

Email: _____

Vendor Product List

Products listed to follow regulations as found in the 2018 CFM Vendor Handbook. Growers must grow or produce 100% of what is sold. Handmade items to be homemade; resale is not permitted.

_____	_____
_____	_____
_____	_____

Attach page with additional items if needed.

- Please enclose \$25 per 8' table space, \$45 for double space. Vendor must provide own table(s)

Vendor Agreement

By signing below, I certify that I understand agree to the product regulations of the Clatskanie Farmers Market outlined in the 2018 Vendor Handbook. I agree to hold harmless the Clatskanie Farmers Market, the City of Clatskanie, and the Clatskanie Middle High School and all of their Officers, employees, representatives, directors, or agents from and against all liability claims, suits, damages, levies, cost, losses and fees including attorney fees arising out of or related to activities with the Market. I acknowledge and accept liability, and responsibility for all products that are sold by me.

Signature: _____ Date: _____

Mail application to:

Clatskanie Farmers Market
Attn. Spring Bazaar
PO Box 1501
Clatskanie, OR 97016

Contact Information:

Lynn Green
503-728-4723
lynnngreen4@gmail.com
clatskaniefarmersmarket.com