

SWING INTO SPRING Vendor Application

A Clatskanie Farmers Market Event
Saturday, April 25th 10:00-3:00
At Clatskanie Middle-High School



Vendor Contact

Name: _____

Mailing Address: _____

Primary Phone: _____

Email: _____

Vendor Product List

Products listed to follow regulations as found in the 2019-2020 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 10' table space, \$45 for double space. Vendor must provide own table(s)

Vendor Agreement

By signing below, I certify that I understand and agree to the product regulations of the Clatskanie Farmers Market outlined in the 2019-2020 Vendor Handbook. I agree to hold harmless the Clatskanie Farmers Market, the City of Clatskanie, and the Clatskanie School District 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:
(by April 20)
Clatskanie Farmers Market
Attn. SWING INTO SPRING
PO Box 1501
Clatskanie, OR 97016

Contact Information:
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Website: clatskaniefarmersmarket.com