



Sisters Farmers Market

2017 VENDOR APPLICATION

Contact: Market Manager- Carys Wilkins · 603-969-2136

SistersFarmersMarket@gmail.com OR @ www.sistersfarmersmarket.com

www.facebook.com/sistersfarmersmarket

Contact Information

Name:					
Company:					
Address:					
City:		State:		Zip:	
Phone:			Email:		

Product

	Produce		Baked Goods		Meat/Dairy		Body Products
	Value Added		Artistic Fineries		Hot Food		Other

Description/List of Specific Products

Do you grow/make your product yourself, or will you be selling someone else's product? We would like to know everything you will be bringing because we need to manage how much of one product will be at the market.

Do you have any certifications:

Dates of Attendance

Circle/Highlight the Friday dates you would like to attend.

Jun-3	Jun-10	Jun-17	Jun-24	July-1	July-8	July-15	July-22	July-29
Aug-5	Aug-12	Aug-19	Aug-26	Sept-2	Sept-9	Sept-16	Sept-23	Sept-30

Please mark your preferred method of payment.

<input type="checkbox"/>	\$25 weekly fee.
<input type="checkbox"/>	\$110 for any 5 markets (save \$15).
<input type="checkbox"/>	\$350 for all 18 weeks (save \$100).

I have read the Sisters Farmers Market Policies, Rules and Regulations and agree to abide by them. By signing this application form, the Vendor and all associates release Sisters Park and Recreation Department and Sisters Farmers Market, Board Members, volunteers, employees, or sponsors from any and all liability for any damage, injury or loss to any person or goods that may arise from occupation and participation in the Sisters Farmers Market.

I will not bring unapproved products. All products require manager approval, whether grown or consigned. I will seek guidance about any potential products that may have regulatory or insurance requirements. I will not bring those products, including those subject to recent legal requirement, until I know that I can meet those requirements and that the products are approved by SFM.

I will accept SNAP tokens as a form of payment at the SFM. I understand that I will be reimbursed for the tokens at the end of each market.

I promise to call the SFM Manager within 4 days of market day if I cannot make it to following market.

I will communicate with the SFM management if I have any issues at or with the market.

I agree to the above terms.

Name/Signature		Date	
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Please scan and send to sistersfarmersmarket@gmail.com

Or print and send to PO Box 1542, Sisters, OR 97759.

Add season payment of \$350 if you plan to sign-up for the whole season ☺