DE SOTO FARMERS' MARKET

SET UP TIME 8:15-8:30

KIDS' MART (AGES 10 TO 15)

June 23 and August 25, 2018 8:30 am to 1l:00am

Vendor Application

Application & payment must be on hand by Market by Friday 12 Noon before the Kid's Mart. Cannot bring it Saturday.

Deadline for canceling a booth is 12:00 Noon, Friday before the Kids' Mart

Reservations & Cancellations: Call 636-208-3391 or via email at cindydvalle@gmail.com

Individual Name: _____ Business Name: _____

Parents Name: _____

Mailing Address: _____City _____ Zip_____

Contact: Phone_____Cell_____

E-Mail: _____

Specific description of your product(s) you will sell: _____

_____

_____

BOOTH RESERVATION: Cost of $3.00 Date: ☐ **June 23, 2018**
☐ **August 25, 2018**

A special section will be set up along with tables and chairs for the Kid's Mart.
Please Mark:

☐ **Full table needed** ☐ **Bringing own table** ☐ **Willing to share half table**

☐ **Please X the box if you are *reserving and paying* for a booth for the KID'S MART at the Market.**

Amount Enclosed $_____ Cash _____ Check#_____

Vendor must follow all appropriate Market Rules and Regulations on the attached pages.

Mail To: De Soto Farmers' Market
Attn Cindy Valle
406 Lueking Dr
De Soto MO 63020

Make Checks Payable to: De Soto Farmers' Market

Vendor Questions: 636-208-3391 or cindydvalle@gmail.com

Waiver of Liability: In consideration of your accepting this application, I the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors and demonstrators, waive and release any and all rights and claims for damages I may have against the Get Healthy De Soto, St. Andrew's United Methodist Church, its organizers, their sponsors, their representatives, successors, and assignees for any and all injuries suffered by myself or my guests in the event. Further, I hereby grant full permission to the event organizers and/or agents authorized by them, to use any photographs, videotapes, recordings or any other record of the event for legal purposes. I agree to abide by the rules and regulations of Get Healthy De Soto, De Soto Farmers' Market.

I have read and agree to abide by the De Soto Farmers' Market Rules and Regulations & Waiver of Liability. I agree to be in compliance with all External Regulations required by law.

X_____ _____
Parent's Signature Date

X_____ _____
Child's Signature Date