



DE SOTO FARMERS' MARKET

KID'S MART (AGES 10 TO 15)

June 22 and August 24, 2019 8:30 am to 11:00am.

Vendor Application

**SET UP
TIME
8:15-8:30**

This 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 Kid's Mart

Reservations & Cancellations: Call 636-208-3391 or via email at cindyvalle@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: _____

(ONLY 2 LIKE KIND PRODUCTS TO BE SOLD BY KID'S MART. FIRST COME BASIS)

Example: 2 cookie vendors or 2 slime vendors)

BOOTH RESERVATION: Cost of \$3.00 Date: June 22, 2019 August 24, 2019

A special section will be set up along with a 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

Make Checks Payable to: De Soto Farmers' Market

Attn Cindy Valle

406 Lueking Dr

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

De Soto MO 63020

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