**DeSoto Farmers’ Market**![DFM Produce logo 2012[1]]()

**Kids’ Mart Application**

**(For 16 and under)**

**3rd Saturdays May-October | 8:30 am to 11:00 am**

Deadline for canceling a booth is 12:00 noon the day before Kids’ Mart.

Reservations & cancellations: call 314-600-4114 or via email cara\_ahern@yahoo.com

| **Individual Name:** |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| **Parent’s Name:** |  |  |  |  |
|  |  |  |  |  |  |
| **Address:** |  |  | **City:** |  | **Zip:** |  |
|  |  |  |  |  |  |
| **Phone:** |  | **Cell:** |  |
|  |  |  |  |  |  |
| **Email:** |  |  |  |  |  |

| Specific description of the product(s) you will sell: |  |
| --- | --- |
|  |  |

(Only 2 like products can be sold by kids during Kids’ Mart; first come basis. For example, only 2 cookie vendors)

**BOOTH RESERVATION COST: $3/date Amount Enclosed $\_\_\_\_\_\_\_\_\_\_\_**

**Date: ⬜ May 18, 2024 ⬜ June 21, 2024 ⬜ July 19, 2024 ⬜ August 16, 2024**

 **⬜ September 20, 2024 ⬜ October 18, 2024**

**A special section will be set up along with tables and chairs for the Kids’ Mart. Please indicate if you need a table and chairs.⬜ Full table needed ⬜ Bringing own table ⬜ Willing to share table**

**⬜ Bringing own chair ⬜ Need chair**

|  | Make checks payable to: DeSoto Farmers’ Market Vendor questions: cara\_ahern@yahoo.com or call 314-600-4114 |
| --- | --- |
|  |  |

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, 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.**

|  |  |  |
| --- | --- | --- |
| Parent’s Signature |  | Date |
|  |  |  |
| Child’s Signature |  | Date |