

DE SOTO FARMER'S MARKET

Vendor Application 2009

PREREGISTRATION due by Wednesday of each week-Call 636-586-4544

Name: _____

Business Name: _____

Street Address: _____

City _____ MO Zip _____

Contact: Phone _____ Cell _____

E-Mail: _____

Indicate category of your product(s) you will sell: Produce Craft Jam, Jellies & Breads

Specific description of your products _____

Describe your farm/business: _____

Distance from Market: _____ miles. Size of Booth Space 10'x10'-- Number of Spaces Needed _____

A payment of \$5 per week for a 10'x10' space is required of all vendors intending to sell at the De Soto Farmer's Market as a weekly space fee. Please indicate if you will commit to every week or what dates you will commit to having a booth at the market.

- Every Week 5/9/09 5/16 5/23 5/30 6/6 6/13 6/20 6/27
- 7/4 7/11 7/18 7/25 8/1 8/8 8/15 8/22 8/29
- 9/5 9/12 9/19 9/26 10/3 10/10 10/17 10/24 10/31

I have read and agree to abide by the De Soto Farmer's Market Rules & Waiver of Liability.

I agree to be in compliance with all External Regulations required by law.

Signature _____

Date _____

Mail To: De Soto Farmer's Market
4038 Fischer Rd
De Soto MO 63020

Make Checks Payable to: Get Healthy De Soto

Vendor Questions: 636-586-4544 or 636-586-4570

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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 assigns 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, recording or any other record of the event for legitimate purpose. I agree to abide by the rules and regulations of Get Healthy De Soto, DeSoto Farmer's Market.