

**COBDEN FARMERS' MARKET
Year 2019 Registration Form**

Vendor's Name _____

911 Address _____ Town _____

Postal Code: _____

Phone _____ E-mail Address _____

Product to be sold _____

A) Annual Membership for 2019 for all vendors \$15.00

B) Full Time Seasonal Space (May 18th to Oct.19th, 2019) includes Taste of the Valley
Outside \$90.00, Inside \$100.00 before end of June 2019 \$ _____

C) Outside/Inside space \$10.00/Saturday (8:00 a.m. – Noon) Fees collected on site.
Taste of the Valley application is separate, please contact cobdentoy@outlook.com (613-646-2282)

D) Christmas Market: per table 8ft table or 8ft space \$ _____
1 table \$45.00 - 2 tables \$90.00 (Maximum of 2 tables or space)
(Electrical needed: yes or no) (A+B+D) Total \$ _____

Will you attend the Christmas Market on Fri. Dec. 6, 2019 12:00 noon to 8:30pm and Sat. Dec. 7, 2019
from 9am to 4pm? Yes _____ No _____ please indicate which Hall, you would prefer:

Cobden Agricultural Hall, Cobden Farmers Market Bldg., Cobden Royal Canadian Legion Hall

We have the right to allocate spots, and we cannot guarantee the same spot as last year. You must supply your own backboards, extension cords or extra lighting.

We reserve the right to adjust locations based on product being sold. Table space is allocated by when the application form & cheque is received (inside space is limited)

To insure yourself a space, please return this registration form with your cheque A.S.A.P. Make cheques payable Cobden Farmer's Market and mail to:

Cobden Farmer's Market c/o Connie Graham, 496 Esther St., Pembroke, Ontario K8A 3E5

I _____ agree to comply with the rules of the Cobden Farmer's Market as well as all Federal, Provincial and Municipal regulations that may apply to the sale of products at this market. Vendors cannot sell used items, resale items or display items that are not made by the vendor. Cobden Farmers Market management has the right to ask you to remove items or ask the vendor to leave.

Vendors are responsible for their own garbage/recycling.. please take items home.

Date Received _____ to be filled in by Secretary/Treasurer

For more information: please call 613-732-9689 or email connie@risingmoontaiichi.ca