

Traverse City Sara Hardy Downtown Farmers Market
Application/Registration Form
Traverse City DDA (231) 922-2050

Vendor Name:

Owner/representative (if different):

Company:

Full Address:

Telephone:

Email:

What dates you plan on attending the market: _____ through _____
Note that you must arrive by 7:00 a.m. or your space may be given away.

Product

Below, please list *all* of the products you plan to sell this year, and whether each one is home grown/made, and where it is grown if not at the above location. Feel free to use the back of this application:

Product

Home Grown?

Where From

_____ Check if continued on the back

I certify that the above list of products is exhaustive, that I have read and understand the *2011 Rules*, and will abide by them. Rules are available at www.downtowntc.com.

X _____

Date _____