

Cohasset Farmers' Market Vendor Application and Registration Form
DUE by APRIL 15th

Business: _____

Business Address: _____

Contact Person: _____

Person who will be at the Market _____

Contact Number (s): _____

E-Mail _____

Website: _____

Type of Space Required:

- _____ \$175.00 Table Space for the Season
- _____ \$50.00 One-Day Table Space as Pre-Approved by Market Manger
- _____ 50.00 Table Space for Season for Child Farmer

Please note - NO refunds will be issued.

Description:

Products (please be specific) _____

Agricultural _____ Food _____
(Must be home grown or homemade or home produced)

Have you ever sold your products at any other Farmers Markets (if yes, which markets)?

Will you be making a commitment to be at every market? _____ other?

Please make checks payable to: Cohasset Farmers Market

Mail to: Elinore Barrett
42 Sohier Street
Cohasset, MA 02025

Your signature below indicates your understanding and acceptance of the Cohasset Farmers' Market Vendor Guidelines see below:

Signature & Date: _____

If you have any questions, please contact Michele Hubley
Tel. 617.699.6526 or michele@Cohassetfarmersmarket.com.
As always, we look forward to seeing you at the Common. Thank you!