



Armour, Ryerson and Burk's Falls Agricultural Society

Burk's Falls Market Application Form

P.O. Box 219, BURK'S FALLS, ONTARIO P0A 1C0

Vendor's Name: _____

Business Name (if applicable): _____

Address: _____

P.O.Box

Street

City

Province

Postal Code

Phone (home) _____ Phone (cell) _____

Email Address: _____

Vehicle Information _____

Make/Model

Colour

Licence Plate #

Describe Your Business: _____

List ALL items you intend to sell (use the back of this page or attach a separate sheet to provide details. Items not listed CANNOT be sold without the consent of the board): _____

Additional Information (Please include who will operate the booth, if different from above, and include contact information): _____

Please indicate your attendance: Seasonal ☐ Occasional ☐

Preferred location: Inside Table ☐ Outside ☐

I have read and understand the Burk's Falls Farmers' Market "Rules & Regulations" (TBC: being amended) and I agree to their terms and conditions. I understand that failure to comply with the Rules and Regulations will result in disciplinary action that may include loss of membership. This box must be checked for the Board of Directors to consider this application. I understand that the 'Market' will be held regardless of RAIN OR SHINE. Only an emergency will excuse vendors, at the discretion of the Board. I understand that the Market Manager will generally correspond via email and I agree to receive said emails.

Signature: _____ Date: _____

If you are aware that you are unable to attend any markets throughout the coming season, please indicate the dates below:

Stall Rates:

☐
Seasonal \$100.00
(per table)

☐
Weekly: \$20.00
(per table)

Hold Harmless Agreement: I, the Lessee shall hold harmless the "Burk's Falls Farmers' Market", and it's members, agents and employees from any and against all claims, demands, losses, costs, damages, actions, suits or proceedings by any third party that may arise out of, or may attribute to, all operations performed by or carried out by the Lessee, his/her agents, employees or anyone for whose acts he may be liable, howsoever caused.

Signature: _____ Date: _____

Cheques made payable to: Armour, Ryerson and Burk's Falls Agricultural Society