Revelstoke Farm and Craft Market

Vendor Application Form- Christmas Market

Saturday, November 18th, 2023 10am-3pm (set-up 8am) Community Center- 600 Campbell Ave.

Vendor Name:		
Business Name:		
Mailing Address:		
City:	Province:	Postal:
Phone #:	Cell:	
Email:	Website:	
Physical Location: (add	dress) WHERE PRODUCT IS I	MADE, BAKED, OR GROWN:
LIST ALL PRODUCTS make it, bake it, or	/ CRAFTS FOR SALE (our magrow it):	andate requires that YOU
market season. ** Please let us know if yo	if your product has not alread	wer as there are limited spaces
	embers (\$35.00 per table) Table coverings are manda	itory
<u>OR</u>		
8ft. Table for NON -RF	FCM Members (\$45.00 per tal	ole)
X \$	Table coverings are manda	tory

Yendors must stack their tables & chairs after the event. (\$5 non-compliance fee will be charged)		
Pay by: cheque e-transfer		
If paying by e-transfer: revelstoke.market@gma	il.com	
Please mail completed form and cheque to:	Revelstoke Farm & Craft Market P.O. Box 2814 Revelstoke, BC, VoE 2S0	
No emailed applications will be accepted		
Refunds will not be issu There will be a prize for the best "Chris Agreement of Compliance:	ed after this date	
I, (print name) have Revelstoke Farm and Craft Market (RFCM) policies. I have also made myself aware of and w local regulations that apply to the production and understand that I am not covered under the RI all risks associated with vending my products. If the Revelstoke Farm and Craft Market have been information in this application is certified to be a understand that I will be expelled from the mark monies paid. I agree to respect the decision of the Society regarding my application.	cies. I agree to comply with these ill abide by all Federal, Provincial and d vending of my product(s). I FCM group insurance and solely accept further state that all products I vend at a made, baked, or grown by myself. The accurate, and if found to be otherwise, I get without recourse or any refund of	
Vendors's Signature:	Date:	