

Sleepy Eye Vendor's & Farmer's Market Application Form – 2024

| Name of Vendor: Name of Business (if different from above): | |
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| Phone: | Email: |
| I/we hereby apply to participate in the | Sleepy Eye 2024 Vendor's & Farmer's Market events. |
| | cost of \$150.00 covers the 2024 season. |
| (June 1, 2024 – October 26, 2024, for Vendor's fee is due prior to May 24, 2 – 9:00AM to Noon). | one space). 2024, and is non-refundable. (Market is held on Saturday's |
| I understand & accept the rules for the | e Sleepy Eye Vendor's & Farmer's Market. |
| Vendor Name (printed): | |
| Vendor Signature: | Date: |
| | |

(____ 2024 Paid - for office use)