Kitzmiller Farmers Market Fridays, 4:00 to 6:30 pm, Kitzmiller Park 2018 Membership Application



Applications must be received by **June 1, 2018** to be considered for the 2018 market season.

| Na | ame(s) | | | | |
|--|--|---|---|---|-------------------------------------|
| Fa | nrm or Business Name (optional) | | | | |
| Ma | ailing Address | | City | | 7: |
| | | | City | St | Zip |
| Phone (daytime) | | (evening) | | | |
| En | mail Address (only give it to us if you wish | h to use it for communications) | | | |
| Ru | ules: | | | | |
| 2) 3) 4) 5) 6) 7) 8) 9) | a) Crafters who raise some of the rayb) Crafters who also sell farm-raisedVendor spaces will be assigned at theVendors must be set up and ready to sell | Il be allowed, with preference we products used to make the diproducts discretion of the market market by the advertised market tup until the advertised market will not fall or blow over. A plicable local, state, and feder manager, broken down into the second with preference with products and the second state. | nager. to opening time. ket closing time. If the value impacted by the remained the remains and regulations and regulations and regulations are stated in research. | vendor sells out le noval of the vend main clear of custations. ule #1. | before the lor display stomer |
| Fe | ees: Adults \$10 per day; Youth \$5 per d | ay | | | |
| | I have read and understand the rules approved to sell at the Kitzmiller Facknowledge. | | by these rules at all tim | | |
| | Signature | | Date | | |

Return Application to: <u>cdeberry@garrettcounty.org</u> or mail to UME Garrett, 1916 MD Hw Ste A, Oakland, MD 21550



2018 Product Plan:

| Vegetables (Please List): | | | | | |
|---|------|--|--|--|--|
| | | | | | |
| Berries (Please List): | | | | | |
| | | | | | |
| Maple Syrup Products (Please List): | | | | | |
| | | | | | |
| Jams/Jellies/Jarred Products (Please List): | | | | | |
| | | | | | |
| Fruits (Please List): | | | | | |
| | | | | | |
| Plants (Please List): | | | | | |
| | | | | | |
| Honey Products (Please List): | | | | | |
| | | | | | |
| Baked Goods/Candies (Please List): | | | | | |
| Herbs (Please List): | | | | | |
| | | | | | |
| Cut Flowers (Please List): | | | | | |
| | | | | | |
| Crafts (Please List): | | | | | |
| | | | | | |
| Personal Care (Soap, lotion, etc.) (Please List): | | | | | |
| | | | | | |
| Eggs (Please List): Meats (Please List): | | | | | |
| Meats (Please List): | | | | | |
| Specialty/Other (Please List): | | | | | |
| | | | | | |
| Market Attendance Plan: | | | | | |
| I plan on attending the following months: | | | | | |
| MayJuneJulyAugustSeptemberOct | ober | | | | |