

CARLING MARKET

Sharing summer's best

2023 VENDOR REGISTRATION FORM

VENDOR'S NAME: _____

COMPANY NAME (if applicable): _____

MAILING ADDRESS: _____

TELEPHONE NUMBER(S): _____

EMAIL: _____

VENDOR STATUS: Returning _____ New _____ Under 16 _____ Over 80 _____

Seasonal _____ Part time _____

Thanksgiving (Oct. 8) _____ Christmas _____ (Nov. 12)

DESCRIPTION OF GOODS SOLD: _____

FOOD (edible) GOODS? Yes: _____ Health unit papers must be submitted.

I have read the 2023 Vendor Information sheet and understand and agree to follow Market regulations and practice all Carling Township COVID protocols required at any time during the Market season.

Signature

Date

PLEASE RETURN THIS FORM TO:

Wanda1_davis@hotmail.com or deliver to Wanda at the market.

705-342-1830 / (cell) 705-774-4152

www.carlingmarket.ca