



Vendor Application Form

Vendor Information

Please fill out all fields listed below...

Name *

Business/Farm Name *

Address *

City *

Postal Code *

Email *

Phone *

Please list all Products you will be selling in the box below... *

How many 10ft x 10ft stalls would you like? *

I Certify that the information in this application is accurate, and if it is found to be otherwise, I agree to accept disciplinary measures as decided by the Shuswap Farm & Craft Market management, including expulsion from the SF&CM without recourse or any refund of monies paid to the SF&CM.

I understand that, if accepted, this application is required on a yearly basis. I agree to respect the decision of the SF&CM regarding my application.

Your Signature agreeing to all Rules & Regulations of the SF&CM *