

LANCASTER STREET MARKET'S
Back Yard Garden

VENDOR APPLICATION

Please Print

Name of Applicant: _____

Physical Address: _____

City/State/Zip: _____

Mailing Address: _____

City/State/Zip: _____

Phone #'s: Daytime: _____ Evening: _____ Cell: _____

Email: _____

Applicable Categories:

Produce:

Vegetables

Fruits

Canned Goods

Honey

No re-sale items. All goods must be local

Market Dates: Please check those dates for which you are applying.

May 2, 2009

June 6, 2009

July 4, 2009

August 1, 2009

All Dates

September 5, 2009

October 3, 2009

November 7, 2009

December 5, 2009

I certify that I will be selling items grown locally. I also agree to call the organizers of the LSM if I cannot attend.

Signature: _____ Date: _____