

TYPE OF PRODUCTS OFFERED: (circle all that apply)
MICHIGAN GROWN PRODUCE conventional _____ organic _____
MICHIGAN PROCESSED FOODS/PACKAGED GOODS
MICHIGAN MEAT/DAIRY/EGGS/HONEY/SYRUP
MICHIGAN RAISED NURSERY & PLANTS
MICHIGAN PRODUCED NON-FOOD (SPECIFY):

MICHIGAN SOURCED OTHER:
(SPECIFY):.....

THE MARKET WILL RUN EVERY SATURDAY FROM JUNE 18th to OCTOBER 8th, 2022 FOR A TOTAL OF 17 WEEKS).

THE FOLLOWING LEVELS OF PARTICIPATION ARE AVAILABLE: (check selected participation)

Note- If selecting prepay option you may either pay in full or pay 50% with application and the balance due by the 25th of June, 2022.

1) PREPAY

PREPAY-FULL SEASON RATE Attending every Saturday for 17 WEEKS AT \$20/DAY= \$340 ONE (1) SPACE	
= \$680 FOR TWO (2) SPACES	
= \$1003 FOR THREE (3) SPACES	

PREPAY-PARTIAL SEASON (must choose 10 Saturdays for \$20 rate)	
b) How many spaces? _____	
Multiply a) and b) _____ x \$20 = \$ _____ TOTAL	
PREPAY COST	

2) PAY ON DAY OF ATTENDANCE

(NOTE- there is a \$50 refundable deposit for week to week vendors)	
\$28.00 DAILY/SPACE RENT PAYABLE ON THAT DAY	
CIRCLE NUMBER OF BOOTH SPACES YOU WILL NEED: 1	
2 3	

WHATEVER OPTIONS YOU CHOOSE, PLEASE CIRCLE THE MARKET DAYS THAT YOU WILL BE ATTENDING SO WE CAN PLAN THE MARKET LAYOUT EACH WEEK-

JUNE	18	25				FULL SEASON CHECK HERE
JULY	2	9	16	23	30	
AUGUST	6	13	20	27		_____
SEPTEMBER	3	10	17	24		
OCTOBER	1	8				

PAYMENT OPTIONS:

CHECK or Money Order made out to Clarkston Area Farmers Market:	
FULL PAYMENT	50% PAYMENT

(Balance due by the 25TH OF JUNE 2022)

APPLICANT SIGNATURE AND DATE

Signature is indicative of your agreement to abide by the policies of the CAFM Rules and Regulations

**Mail application and prepaid funds if applicable to:
CLARKSTON AREA FARMERS MARKET P.O. BOX 1053 CLARKSTON, MI**

QUESTIONS: 248-505-6848 OR clarkstonareafarmersmarket@gmail.com

<p>FOR MARKET ADMINISTRATION USE ONLY</p> <p>ACCEPTEDMONEY RECEIVED: \$..... 50%/ FULL</p> <p>MARKET BOARD MEMBER:.....DATED:</p> <p>Return notification mailed/emailed to vendor date:..... Notes:</p>

CAFM NON-GROWER RECORD FORM

To be completed by all vendors who do not offer fresh grown produce

BUSINESS OR VENDOR NAME

PRODUCTS OFFERED

SIGNATURE OF APPLICANT AND DATE

CAFM GROWER METHODS RECORD FORM

BUSINESS OR GROWERS NAME:

This form is to document the grower's method of farming and produce type

1) AGRICULTURE METHODS

ORGANICALLY CERTIFIED	
ORGANIC PRACTICES BUT NOT CERTIFIED	
PERMACULTURE PRACTITIONER	
BIODYNAMIC GROWER	
CONVENTIONAL	
OTHER (SPECIFY)	

2) GROWING METHODS

CONVENTIONAL	
HOT HOUSE OR HOOP SYSTEM	
HYDROPONIC	
OTHER (SPECIFY)	

3) SEED USED

ORGANIC CERTIFIED	
HERITAGE/HEIRLOOM	
HYBRID	
GMO	

4) PRODUCE DESCRIPTION

All from my Michigan farm	
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Mostly (75%+) from my Michigan farm and some from other MI farms	
Both from my Michigan farm and from other Michigan farms	
Some from my Michigan farm but mostly from other Michigan farms	
All from other Michigan farms	

APPLICANTS SIGNATURE AND DATE

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