

**THE MARKET WILL RUN EVERY SATURDAY FROM JUNE 13th to OCTOBER 10th, 2026 FOR A TOTAL OF 17 WEEKS).
THE FOLLOWING LEVELS OF PARTICIPATION ARE AVAILABLE
(check selected participation):**

1) PREPAY FULL/PARTIAL SEASON

**PREPAY FULL SEASON RATE: You will be attending
the market every Saturday for 17 weeks at \$20 a day**

= \$340 for one(1) space _____

=\$680 for two (2) spaces _____

=\$1020 for three(3) spaces _____

**PRE-PAY PARTIAL SEASON (must choose 10 Saturdays for
the \$20 a day rate).**

Circle how many spaces you will need: 1 2 3 _____

**NOTE- When selecting from the options above , either pay the full
amount with your application or 50% with your application,
balance due by June 20th, 2026.**

**2) 5 SATURDAYS OPTION: Pay \$125 ahead of time for 5 Saturdays
when sending in your application.
(Note- You are allowed only 1 cancellation/change, after that you
will pay \$25 for changing your space from your original dates).**

Circle how many spaces you will need: 1 2 3 _____

3) PAY ON DAY OF ATTENDANCE

<p>(\$50 REFUNDABLE DEPOSIT IS REQUIRED) Cost is \$30 per space you will need payable on date of market you attend.</p>	
<p>1 2 3</p>	

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

JUNE	13	20	27			FULL SEASON CHECK HERE
JULY	NONE	11	18	25		
AUGUST	1	8	15	22	29	_____
SEPTEMBER	5	12	19	26		
OCTOBER	3	10				

PAYMENT OPTIONS:

CHECK or Money Order made out to Clarkston Area Farmers Market with your application and mail to address below.

FULL PAYMENT

50% PAYMENT

(Balance due by the 20th OF JUNE 2026)

APPLICANT SIGNATURE AND DATE

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

**CLARKSTON AREA FARMERS MARKET P.O. BOX 1053
CLARKSTON, MI 48346
QUESTIONS: 248-505-6848
clarkstonareafarmersmarket@gmail.com**

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)	

APPLICANTS SIGNATURE AND DATE

--

MICHIGAN STATE RETAIL TAX NO.: (if applicable)

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):.....