

Cochrane & Area Gardening Expo

April 28, 2024



VENDOR APPLICATION

Name: _____

Business Name: _____
(this is the name that will be used to promote you at the market)

Mailing Address*: _____

Town/City* Postal Code*

Phone: _____ **Mobile Phone:** _____

E-mail: _____

Website: _____

Social Media: _____

Product List / Description of your products: Provide a list below of all items you intend to sell. Attach another sheet if required.

Product Category: (Check all that apply AND provide description below)
Agricultural: vegetable seedlings seeds plants/flowers other
Garden Craft/Art: sewing/fibre wood metalcraft other
Food: please note that prepared food items will not be included in this event.

Do you make or grow the product(s) you will be selling? yes no
 Do you operate a retail outlet? no yes → Name/location: _____

Market Stall:

Due to limited space, requests for multiple stalls will be considered but are not necessarily granted.

	Stall Type	Number of stalls Requested	Fee (per stall)	Power to Booth (limited outlets available)	TOTAL DUE
<input type="checkbox"/>	Approx. 7' wide x 10' deep (6' table and chair provided) - no power		\$ 15	ADD <input type="checkbox"/> \$5	
Special Requirements: <input type="checkbox"/> large or heavy products <input type="checkbox"/> outdoor space <input type="checkbox"/> other:					

Vendor locations will be assigned by the organizers to provide a good mix throughout the market.

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Accuracy of Information and Acknowledgement of Vendor Guidelines:

- I declare the information on this form to be complete and accurate and I agree to pay the rates by the due date as set out in this application should I be approved as a vendor.
- I agree to abide by all directions and guidelines provided by the organizers with respect to set-up and takedown as well as specific event requirements.
- I am aware that CEAC follows all public health orders and the Town of Cochrane bylaws and regulations. CEAC supports those who choose to wear masks; however, masking is not currently required. If a participant feels ill, it is recommended they do not attend. Vendors recognize that participation is not risk free; they must take responsibility to assess their own risk and cannot hold CEAC responsible should they become ill.
- I further give consent to the Cochrane Environmental Action Committee (CEAC) to disclose my Name, Company Name and contact information to those persons inquiring about my product(s) and to have my information listed on the CEAC website.

Name: _____

Signature: _____ Date: _____

Registration Fee and Payment:

All applications will be reviewed upon receipt. Please note that vendors are not approved on a 'first received' basis. Vendors are selected to ensure a balance of products. Vendors approved will receive confirmation of their acceptance. Do not submit payment with your application form, payment information will be provided with your confirmation. CEAC can accept payment by cheque, cash, or e-transfer. Vendors not approved will be notified.

Application Checklist and Submission:

- ✓ Completed Vendor Application (Pages 1 and 2)
 - Complete Product information is included, attach additional sheets if required
 - All business and contact information is provided
- ✓ Photos: photos of your products (digital format preferred) will be used for evaluation of your products and if approved, may be used for event promotion by CEAC

Submit electronic files (good quality PDF scan or photo) of application form and attachments to email address
-OR- submit documents to the mail address provided below.

Mailing Address ONLY:

Cochrane Environmental Action Committee
104 Griffin Road East
Cochrane, Alberta T4C 2B4

CEAC line: 403-851-0562 (voice mail only)
Email: cage@cochraneenvironment.org