



# Eureka Area Farmer's Market

## Registration Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

List of products: \_\_\_\_\_

\_\_\_\_\_

Distance traveled to Eureka's Farmer's Market: \_\_\_\_\_

Number of employees: \_\_\_\_\_

This year we are set up to accept EBT for all approved SNAP items (unprepared foods such as fruits, vegetables and baked goods). Please review the accompanying letter. Would you like to participate? \_\_\_\_\_

I have read and agree to the Eureka Area Chamber of Commerce Farmer's Market Rules and Regulations and the DPHHS Food and Consumer Safety Guidelines:

Signature: \_\_\_\_\_

Name (printed): \_\_\_\_\_

Today's date: \_\_\_\_\_