



**Kid's Day  
at the  
Lakewood Farmers  
Market**

**Lakewood City Hall  
Tuesday, August 8  
2017 10am-3pm**

Children through High School age within Pierce County are invited to sell their hand-made items at the Market on Kids Day. The Kid's Day Program teaches children not only the art of producing the product they are selling, but also the basic skills of marketing, sales, expenses & revenues, supply & demand and public communication.

Our Kid's Day Vendors will be allowed to exhibit in the Farmers Market area outside of City Hall. Each child will be given a table to share, a covered space and a chair. Children are asked to advertise their business name, products and pricing legibly and as artistically displayed as possible. We do ask that the booths are manned at all times during the Market and that *adult supervision is present*.

Space is limited and available on a first-come, first-serve basis by submission of a completed application and a non-refundable \$10 participation fee. Pre-registration is required. On-site day of sign-ups will not be accepted. There must be a signature from the parent/guardian on the child's applicant in order to be accepted.

Please be sure to wear weather-appropriate clothing to be protected from the elements. It is important to know that kids are responsible for setting up and cleaning up their own booth space.

**VENDOR APPLICATION:**

*The Non-Refundable fee is \$10 and can be paid by cash or check (made payable to 'City of Lakewood') and must be submitted with the application. We do not accept credit card or debit card. We would never turn away a Kid's Day participant unless we are full, items were against policy, or did not fit within the values of the Market. No Bake Sales (or baked goods) or resell items. All items must be hand-made. There is limited space, and participants will be accepted on a first applied, first accepted basis.*

Child's First and Last Name: \_\_\_\_\_

Parent/Gaurdian First & Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_ Zip: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_

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

**PRODUCT INFORMATION:**

We are accepting kid vendors in the following categories. *Please select the grouping below that best describes the items to be sold at your booth.*

1.Produce  2.Nursery  3.Processed Food (NO Baked Goods)  4.Crafts

Detailed description of Items to be sold: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTICE: No Bake Sales. Only hand-made items accepted.**

**STALL ASSIGNMENTS:** At check-in at the City of Lakewood booth, in the courtyard, you will be given your assigned location. The city will provide the Canopy, table and chairs.

**Please fill out this form and return with \$10.**

Mailing and Physical Address:

Attn: Kid's Day at Lakewood Farmers Market

Lakewood City Hall, 6000 Main Street SW, Lakewood, WA 98499

**PLEASE NOTE: YOU MUST SUBMIT THIS FORM IN ORDER TO BE CONSIDERED FOR PARTICIPATION.**

Please mail to the address above or bring your application with payment to Lakewood City Hall between 8:30am- 5pm Mon-Fri.

**Waiver of Liability Release:** All vendors, their staff, family and associates, taking part in Lakewood's Farmers Market program and events agree to the following release: I / we assume all risks and hazards incidents to such participation including transportation to and from the activities and do hereby waive, release, absolve, indemnify and agree to hold harmless the City of Lakewood, its staff, instructors, officials, partners and volunteers for any claim arising from injury to myself or my/our representatives. Furthermore, in case of an emergency I give permission for City of Lakewood representative or designee, to secure the emergency medical attention required. Any direction to the contrary should be noted on the registration form and signed. I agree that pictures taken during program hours may be used for future promotional purposes.

\_\_\_\_\_

Contact Person's Signature

\_\_\_\_\_

Date

Authorized Market Vendor Participant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent / Legal Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**Contact:**

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253.983.7758