

September 21st, 2024
HAYDAZE 2ND ANNUAL Farmers Market
Registration Form



Vendor Name: _____

Vendor Description: _____

Contact Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Cell Phone: _____ Home Phone: _____

Special Requests: _____

How Many Spots Do You Need? (Approx 10'x10') ____ (You must bring your own tents, tables & chairs)

Method of Payment: Cash Check # _____ (Must pay Cash or Check Payable to Platte Area Chamber of Commerce)

Date Paid _____

I understand that I am fully responsible for my exhibit - the display, setting up, security of, selling and taking down of my booth. I understand that I am responsible for bringing my own tent, tables and chairs. I understand the importance of being set up by/before 9am and I will not start taking down until 1pm when the event is done. (Exceptions if you sell out) Exact location is to be determined.

I release Platte Area Chamber and the City of Platte from all responsibility and liability for injury to persons, or loss, damage or theft of property. I also understand any proceeds derived from sales will be entirely my own and that I am entirely responsible for collecting and reporting the appropriate sales tax.

Signature: _____ Date: _____

Contact Platte Area Chamber at (605) 337-2275 or
Whitney DeHaan - (605) 680-2046

Checks Payable Platte Area Chamber of Commerce

Mail Payment w/ Form to: Platte Area Chamber - PO Box 393 - Platte, SD 57369