



Aldershot Lions

Aldershot Lions Farmers Market



Vendor Information Form

FAX TO: 905-681-0579

Name: _____

Address: _____

Home Phone # _____

Cell Phone# _____

Email: _____

Dates planning to attend Market: **May** **June** **July** **Aug** **Sept.** **Oct.**

Days planning to attend Market: **Thursday** **Sunday**

Are you approved by the Halton Health Department to sell your products? **Yes** **No**

Items offered for sale:

Products Grown \ Produced \ Manufactured by you:

