

2025 Beaverton Farmers Market Vendor Contract

Full Season _____ Date Paid _____

Weekly _____ Receipt # _____

Vendor Information

Name: _____

Address: _____

Telephone:: _____

Business Name and Products Sold: _____

I have read and understand the Rules and Regulations for the Beaverton Farmers Market.

**I understand it is my responsibility to follow these rules and failure to comply will affect
my attendance and/or Forfeiture of my space.**

Signature of Vendor: _____ Date: _____