

Enderby Farmers Market Youth Entrepreneurs “Kidz Corner” — Vendor Application

Event Date: Friday, October 24, 2025



Location: Enderby Farmers Market Cliff Ave and Belvedere Street

About the Market & Vendor Requirements:

Welcome to the **Youth Entrepreneurs ‘Kidz Korner’** at Enderby Farmers Market on **Friday, October 24, 2025!** We’re excited to provide young creators, makers, and growers with the chance to experience being a vendor at our farmers market.

Our market is a **"Make it, Bake it, Grow it Yourself"** market. That means everything sold must be:

- **Made, baked, or grown by the seller**
- **Produced within British Columbia**
- **No resell items**

We’re looking for youth vendors who want to share their handmade, homemade, or homegrown creations!


What You’ll Need

Each youth vendor will be given a 10x10 foot space.

- ✓ **A 10x10 pop-up tent recommended (we will have a couple extra tents on hand)**
- ✓ **Tent weights for your tents (safety rule)**
- ✓ **A table** to display your items
- ✓ **A chair** (optional but recommended)
- ✓ **Cash float or payment method**
- ✓ **(OPTIONAL: Signage for your booth: your name, prices, etc.)**

We encourage parents or guardians to assist with setup, but the youth should be the main vendor during market hours. If the youth is under 14-15 years old, an adult must remain at the booth during the market.

Full Name of Youth Entrepreneur:

 **Age on Oct 24, 2025:** _____

 **Parent/Guardian Contact NAME & Number:**

 **Parent/Guardian Email:**

 **City or Neighborhood:**

Business Name (if any):

What will you be selling?

(Examples: art, jewelry, baking/cookies, plants, crafts, etc.)

Do you have any experience selling or making these items before?

☐ Yes ☐ No

If yes, tell us about it:

By signing this, I agree to:

- Follow the market's 'make it bake it grow it' rules
- Be respectful to customers and other vendors
- Have fun and just try my best!
- Be supervised by an adult if under 15

Signature of Youth Entrepreneur: _____

Date: _____

Signature of Parent/Guardian: _____

Date: _____