



Vendor Registration

Contact Information

Vendor Name: _____

Primary Contact Name: _____

Contact phone: () _____

Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Email address: _____ Best time to contact you: _____

Please list items you plan to sell. If you want to sell items beyond those listed, you must re-register.

I plan on attending the market as a vendor on a weekly basis: Yes No

** This market is intended to sell wholesome foods to the community. Foods that are intended for immediate, on-premises consumption will not be permitted as are non-food items such as crafts, manufactured goods and live animals. Other items may be prohibited at Geary Community Hospital's discretion. We will ask that you respect GCH property and the space of your co-vendors.

For more information contact the Marketing and Public Relations Department at gchonline@gchks.org