



Junior Entrepreneur Application 2024

Junior Entrepreneur Name					Age	
Address				Cell Number		
Parent/Guardian				Contact number		
Emergency Contact		Relationship		Emergency Number		
Email address						
What will you be Showcasing and Selling						
Please Circle Your Preferred Dates.....I will call you to confirm						
5-May	12-May	19-May	May 26	June 2		
9-Jun	16-Jun	23-Jun	Jun 30	July 7		
14-Jul	21-Jul	28-Jul	Aug 4	Aug 11		
18-Aug	25-Aug	1-Sep	Sep 8	Sept 15		
22-Sep	29-Sep	6-Oct	15-Oct			
Signature					Date _____	

send application back to - mktmanager@whiterockfarmersmarket.ca			