

**MURRUMBATEMAN VILLAGE MARKET
COMMUNITY STALL**

SUPPLIER REGISTRATION FORM

NAME _____

PHONE: _____

ADDRESS _____

MOBILE: _____

EMAIL: _____

PAYMENT: BY CASH

I have read and agreed with the Murrumbateman village Market Community Stall conditions

SIGNED _____

DATE _____

RETURN COMPLETED FORM TO COMMUNITY STALL COORDINATOR BY EMAIL OR POST

JOHN THORN
96 McINTOSH CIRCUIT
MURRUMBATEMAN
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MOBILE: 0432 402 221