

**KEARNEY REGATTA 2026**  
**VENDOR MARKET APPLICATION**

Town of Kearney – 8 Main Street, Kearney, ON  
705-636-7752

---

*Please note: Completion of this application is an expression of interest only and does not constitute acceptance or guarantee a vendor space at the Regatta Vendor Market.*

**Vendor's Name:** \_\_\_\_\_

**Business Name (if applicable):** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Town/City:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**What type of vendor are you?**

- ☐ Food vendor
- ☐ Clothing vendor
- ☐ Artist/Artisan
- ☐ Other

**Please list all items you would be selling here OR attach a file with your application:**

---

---

---

---

---

---

Signature of the Vendor Applicant

---

Date