



**Friends of the  
Creve Coeur  
Farmer's Market  
Registration Form**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Contact Number** \_\_\_\_\_

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

**Contribution Amount (min \$25) \$** \_\_\_\_\_

\_\_\_\_ Cash \_\_\_\_ Check \_\_\_\_ Credit Card (V/MC/D)

**Name on Card** \_\_\_\_\_

**Account #** \_\_\_\_\_

**Card Code (3-digit number on back)** \_\_\_\_\_

**Expiration Date** \_\_\_\_\_

**Signature** \_\_\_\_\_

*Return registration form with payment to City of Creve Coeur located at  
11400 Olde Cabin Road, Creve Coeur MO 63141.*