

New Haven Community Youth Fair

Country Store Information Sheet

Support the New Haven Community Youth Fair Country Store located at the American Legion: 9494 Highway 100, New Haven MO 63068.

Shopping Hours:

- Friday, July 5th: 4 pm – 7 pm
- Saturday, July 6th: 8 am – 1 pm

Come in and buy locally homemade items. Proceeds from the Country Store go directly back to the cosigner.

Cosigners/Sellers:

Merchandise/baked good check-in is Wednesday, July 3rd at 5:00 pm – 7:00 pm or Friday, July 5th at 7:00 am – 3:00 pm at American Legion Building: 9494 MO-100, New Haven MO 63068. All cosigners will have to fill out an application and will be assigned a number. A stamped self-addressed envelope must accompany the entry or postage will be deducted from the consigner sales. Checks/cash will be mailed within six weeks.

Register at: <https://forms.gle/1SoEepcBfhfu3i5q9>

All baked goods must be in a zip lock bag or a sealed container. All ingredients must be listed on the label. The following needs to be noted on the label: “Made in a home kitchen that has not been inspected”. No custard type foods will be accepted as refrigeration is NOT available. No canning items will be accepted either.

All merchandise must be removed from the Legion by 2 pm on Saturday, July 6th. Merchandise not picked up will be donated unless prior arrangements are made.

EXAMPLE OF ITMES TO SELL:

Cookies (Each, dozen, etc.)	Muffins	Soap
Cakes (Piece, Whole, etc.)	Pie	Needlework
Cinnamon Rolls	Vegetables	Bath Bombs
Brownies	Crocheted Items	Play Dough
Bread	Potholders	Wreaths
Jam	Candles	Scrubs

For more information, contact Katie Kallmeyer, 636-432-3736 or Mckenzie Pecaut, 636-432-4168

NHCYF Country Store Cosigner Application | 2024

Cosigner No. (Will be assigned) _____

Name: _____

Age (Must be 18 or younger): _____

Address: _____

Phone Number: _____

Please list the Items that you are selling (There is no limit):

_____	_____
_____	_____
_____	_____
_____	_____

Label example below:

Peanut Butter Cookies _____ Sally Joe (6) \$5.00 Sweetened Condensed Milk, Peanut Butter, Egg, Vanilla, biscuit baking mix, Sugar Made in a home kitchen that has not been inspected

Item Name _____ <u>NO.</u>
Name & Age (Optional)
Price
Ingredients (If applicable)
Language for baked goods. (If applicable)

You make your item and set the price. You will receive 100% of the proceeds. Please refer to the information sheet for dates, times, and details.

For more information, contact Katie Kallmeyer: 636-432-3736 or Mckenzie Pecaut: 636-432-4168