

# THE LAND OF GOSHEN COMMUNITY MARKET VENDOR APPLICATION



**2009 SEASON**  
May 9 - October 10

**Saturday: 8 a.m. to Noon**  
**Set Up: 7 a.m. to 8 a.m.**

<u>Description</u>	<u>Stall Size</u>	<u>Full Season Rates</u> <u>(23 Week Season)</u>	<u>Partial Season Rates</u> <u>(Per Saturday)</u>
Truck/car stall	20' X 15'	<input type="checkbox"/> \$320	<input type="checkbox"/> \$25
Full table stall	10' X 15'	<input type="checkbox"/> \$220	<input type="checkbox"/> \$15
Half-table stall	5' X 15'	<input type="checkbox"/> \$135	<input type="checkbox"/> \$10

I plan to attend the Market on these dates:  
(please circle known dates at right)

May: 9, 16, 23, 30

June: 6, 13, 20, 27

July: 4, 11, 18, 25

August: 1, 8, 15, 22, 29

September: 5, 12, 19, 26

October: 3, 10

I understand that Partial Season space  
is on a **first come/first served** basis.

**Product(s) I plan to sell:** \_\_\_\_\_

**Print Name(s):** \_\_\_\_\_

**Business Name:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Mobile Phone:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**The Market Master is authorized to release my name and phone number to interested parties at her discretion:**  YES  NO

**I wish to be included in the Market Directory:**  YES  NO

**I wish to be included in the Market Website:**  YES  NO

*My signature confirms I have received and will comply with the Rules and Regulations.*

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

Please return this form and your fee (check made payable to Land of Goshen Community Market) to the Market Master, Sherry Chase, phone 618-307-6045.