

THE LAND OF GOSHEN COMMUNITY MARKET VENDOR APPLICATION



2010 SEASON
May 8 - October 16

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

<u>Description</u>	<u>Stall Size (W X D)</u>	<u>Full Season Rates (24 Week Season)</u>	<u>Partial Season Rates (Per Saturday)</u>
Truck/car stall	20' X 15'	<input type="checkbox"/> \$350	<input type="checkbox"/> \$30
Double tent (Exp. Lot)	20' X 10'	<input type="checkbox"/> \$300	<input type="checkbox"/> \$20
Full table stall	10' X 15'	<input type="checkbox"/> \$225	<input type="checkbox"/> \$15
Tent stall (Exp. Lot)	10' X 10'	<input type="checkbox"/> \$150	<input type="checkbox"/> \$10

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

May: 8, 15, 22, 29
June: 5, 12, 19, 26,
July: 3, 10, 17, 24, 31

I understand that Partial Season stalls are reserved on a **space available** basis.

August: 7, 14, 21, 28
September: 4, 11, 18, 25
October: 2, 9, 16

- Garden
- Kitchen
- Studio

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: NO YES (Circle preferred: Home Work Mobile)

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

I wish to be included on the Market Website: NO YES (Fill out reverse side.)

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

Signature: _____ **Date:** _____

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.