

THE LAND OF GOSHEN COMMUNITY MARKET VENDOR AGREEMENT



2011 SEASON
May 7 - October 15

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

Full Season Vendor

Please check all that apply:

- Garden** (Agricultural products)
- Garden Kitchen** (Value-added ag)
- Kitchen** (Prepared food products)
- Studio** (Art)

Full season vendors are scheduled to attend weekly unless the Market Master is notified in advance.

Partial Season Vendor

I plan to attend on these dates:

May: ___, ___ , ___ , ___ , ___
 June: ___, ___ , ___ , ___ , ___
 July: ___, ___ , ___ , ___ , ___
 August: ___, ___ , ___ , ___ , ___
 September: ___, ___ , ___ , ___ , ___
 October: ___, ___ , ___ , ___ , ___

I understand that Partial Season stalls are reserved on a **space available** 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: NO YES (Please check preferred contact above.)

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

I wish to be included on the Market Website: NO YES

(Only information recorded on page two of this form will be included.)

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

Signature: _____ Date: _____

- Vendor
- Musician
- Demonstrator
- Community Table

THE LAND OF GOSHEN COMMUNITY MARKET WEBSITE INFORMATION FORM

The following information is for inclusion in the Land of Goshen Community Market website, www.goshenmarket.org, and/or in the Goshen Almanac or other Market directory.

Remember that this is a marketing tool for you as a participant – the words you write here will be what are viewable to the general public. Use this to ‘sell’ your products and business. Changes may be requested in writing at any time through the Market Master.

Please include ONLY the information that you wish to be made public. You do not need to fill in every line. Be sure to check the appropriate box(es) at the bottom of the form.

Business Name: _____

Website: _____

Contact Information: _____

Description of Product(s) or Service(s): _____

I give my permission for The Land of Goshen Community Market to make the above information publicly available via the website or print material.

I give my permission for any photographs taken at that include me, my family, my products, or my market stall, to be used by the Land of Goshen Community Market.

Print Name: _____

Signature: _____

Date: _____