



OFFICE USE ONLY

Date Paid: _____

Amount: _____

Cash

Check # _____

Website Info

All Support Docs

Waiver Signed

SIUE VENDOR CONTRACT FOR CURRENT SEASON ONLY

<input type="checkbox"/> Partial Season (\$15 per Market) April: 3 ___ 10 ___ 17 ___ 24 ___ August: 21 ___ 28 ___ September: 4 ___ 11 ___ 18 ___ 25 ___ October: 2 ___ 9 ___ 16 ___ 23 ___ 30 ___	<input type="checkbox"/> Full Season \$165 (15 Markets) Total Due: _____
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Print Name(s): _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Please check below to indicate your preferred contact for customer use.

Home Phone: _____ Mobile Phone: _____

Work Phone: _____ E-Mail: _____

Product(s) I plan to sell:

ALL VENDORS Please check all that apply:	<input type="checkbox"/> Garden (Agricultural Products) <input type="checkbox"/> Inspected Kitchen <input type="checkbox"/> Cottage Kitchen (Home Kitchen) <input type="checkbox"/> Studio (Fine Arts)
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The Market Manager is authorized to release my name and preferred contact indicated above to interested parties at her discretion: NO YES

My signature confirms I have received and will comply with the Rules and Regulations. I also recognize that The Land of Goshen Community Market takes video and photographs on a regular basis that may include me, my family, my products, or my market stall.

Signature: _____ Date: _____