

ESTACADA GROWERS MARKET

VENDOR INFORMATION FORM — 2009

Thank you for your interest in the 2009 market! Please fill out this form completely and return with your payment to: Debra Bufton, Estacada Growers Market, PO Box 1704, Estacada, OR 97023 Make checks payable to: Estacada Growers Market.

Name: _____

Business/Farm name (if different): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone(s): _____

Email: _____

Products: ___ nursery stock ___ produce ___ crafts ___ food

(please describe) _____

2009 fees (fees are based on one 10x10 booth space):

- ___ Annual membership fee: \$35
- ___ Full season – Saturdays only: \$220 (paid in advance, 4 free weeks!)
- ___ Weekly (members): \$10 per market day
- ___ Weekly (non-members): \$20 per market day
- ___ Nonprofit or community service (no sales): no fee, space available

Dates of interest (for weekly participation, circle those that apply):

May 2 9 16 23 30 **June** 6 13 20 27 **July** 4 11 18 25

Aug 1 8 15 22 29 **Sept** 5 12 19 26 **Oct** 3 10 17 24

I have read and understand the Estacada Growers Market Operating Rules. I agree to adhere to all guidelines, regulations and procedures. I understand that the Estacada Growers Market is not liable for losses or liabilities incurred. Vendors are encouraged to carry their own business and product liability insurance. I certify that I carry and am current with all licensure or other certifications required for the sale of my product(s).

Vendor Signature: _____ Date: _____

Accepted by: _____ Receipt #: _____