

Shelburne Falls Farmers Market 2015 Vendor Form

Please read and sign Rules and Regulations before filling out this form

Farm Name/Business Name: _____

Owner(s): _____

Phone Number: _____

Address: _____

E-mail Address: _____

Website (optional): _____

Please list all products intended for vending (*continue on back of form if necessary*):

Please check one of the following:

- ☐ Full Season 24 weeks -- \$250.00 (*equals roughly \$10.42 per market*)
- ☐ Half Season 12 weeks -- \$125.00 (*equals roughly \$10.42 per market*)
- ☐ Per Day: \$20.00 (*X number of days attending*)

If you will be coming for a Half Season or Per Day, please check the dates you will be attending. (*If we know when you will be coming, we will include you in our regular advertising for those weeks.*)

	22 May		3 July		14 August		25 September
	29 May		10 July		21 August		02 October
	05 June		17 July		28 August		09 October
	12 June		24 July		04 September		16 October
	19 June		31 July		11 September		23 October
	29 June		07 August		18 September		30 October

If you are unsure of what days you will be coming, just let us know as soon as possible ahead of the intended market.

Please include a brief (400-word limit) description of yourself and what you will be offering at the market. We will use this to advertise our vendors on our website. In addition, you can include contact information (phone, email, website address, etc) that you would like to be posted as well. Also we hope to be able to include 1 or 2 photos for each vendor. Please use the space below for your description and public contact information.

[illegible]

- email address _____
- phone number _____
- website _____
- other _____

Date _____

- Mail to:
Shelburne Falls Farmers Market
482 Newhall Road
Conway, MA 01341

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