



EDGEWATER CHAMBER OF COMMERCE

2016 Edgewater Farmers Market Application Chamber Table

Thank you for your interest in the Edgewater Farmers Market 2016 season, which is scheduled to run every Saturday from June 11 through October 15. Our Farmers Market is located in the heart of our community, in the Broadway Armory parking lot, 5917 N. Broadway.

Chamber members are supplied with a tent, table, tablecloth, and one chair. Vendors must bring any other needed supplies.

Application Instructions:

Please answer all applicable questions as completely as possible, attaching additional pages as necessary. To be considered as a Chamber table vendor, we must receive your completed application, all supporting documents, payment by **Tuesday, May 31, 2016**. Applications may be submitted by mail or emailed to info@edgewater.org.

Contact Information

Vendor Name: _____

Business Name: _____

Business Address: _____

City, State, Zip: _____

Business Telephone: _____ Cell Phone: _____

E-mail address: _____

Website: _____

Are you a member of the Edgewater Chamber of Commerce?

Yes _____ No _____

Participation Dates

Please circle the dates that you are most interested in for the Farmers Market. Select extra dates as first selection is not guaranteed. Dates are filled on a first-come, first-served basis. You may select up to three non-consecutive dates. (Please check availability with the Edgewater Chamber of Commerce.)

June 11	June 18	June 25	July 2
July 9	July 16	July 23	August 30
August 6	August 13	August 20	August 27
September 3	September 10	September 17	September 24
October 1	October 8	October 15	

Indicate in the space below your preference of the selected dates

First Choice: _____

Second Choice: _____

Third Choice: _____

3. Involvement

Please give a description of what you plan on doing at the Chamber table. *Example: Educational displays, product demonstrations, promotional giveaways, etc.*

Payment

Chamber members: \$30 x ____ (# Saturdays) = \$ ____

Non-members: \$75 x ____ (# Saturdays) = \$ ____

Please specify payment type by checking appropriate box below. (Note: If paying by credit card, you will be charged an additional convenience fee of **3.25%**)

Check

Money Order

Visa

Mastercard

Discover

American Express

Card Number: _____

Expiration Date: _____ CVS Code: _____

Name as it appears on Card: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Make Check or Money Order payable to: **Edgewater Chamber of Commerce**