

2015 Edgewater Farmers Market Application Chamber Table

Thank you for your interest in the Edgewater Farmers Market 2015 season, which is scheduled to run every Saturday from June 13 through October 17. Our Farmers Market is located in the heart of our community, outside True Nature Foods (6034 N. Broadway), on Norwood Ave. from Broadway west to the alley.

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 **Monday**, **June 1**, **2015**. Applications may be submitted by mail or emailed to ally@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 13	June 20		June 27		July 4
July 11	July 18		July 25		August 1
August 8	August 15		August 22		August 29
September 5	September 12		September 19		September 26
October 3	er 3 Octob		ber 10		October 17

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: \$25 x ____ (# Saturdays) = \$ _____

Non-members: \$35 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 Co	ode:	
Name as it appears on Card:				
Billing Address:				
City:		State:	Zip Code:	

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