



EDGEWATER CHAMBER OF COMMERCE

2018 Edgewater Farmers Market Application Chamber Table

Thank you for your interest in the Edgewater Farmers Market 2018 season, which is scheduled to run every Saturday from June 16 through October 13. Our Farmers Market is located in the heart of our community, starting at the intersection of Broadway and Thorndale and continuing east on Thorndale.

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 **Thursday, April 5, 2018**. Applications may be submitted by mail or emailed to farmersmarket@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

Selected dates are not guaranteed. Dates are filled on a first-come, first-served basis. You may select up to three non-consecutive dates.

June 16	June 23	June 30	July 7
July 14	July 21	July 28	August 4
August 11	August 18	August 25	September 1
September 8	September 15	September 22	September 29
October 6	October 13		

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

Dates are not secured until both application and payment are received.

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

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

Nonprofit Non-members: \$50 ____ (# Saturdays, maximum 3)= \$ ____

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**