



**2019 Edgewater Farmers Market Application
Chamber Table**

Thank you for your interest in the Edgewater Farmers Market 2019 season, which is scheduled to run every Saturday from June 15 through October 12. 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 **Friday, April 5, 2019**. 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 15	June 22	June 29	July 6
July 13	July 20	July 27	August 3
August 10	August 17	August 24	August 31
September 7	September 14	September 21	September 28
October 5	October 12		

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) = \$ ____

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**