

**NEW HOPE FARMERS' MARKET VENDOR AGREEMENT~ 2010**

Business name \_\_\_\_\_ Contact person \_\_\_\_\_

Others selling \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

County \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ evening (\_\_\_\_) \_\_\_\_\_ cell (\_\_\_\_) \_\_\_\_\_ fax (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Total acres farmed \_\_\_\_ Acres in vegetables \_\_\_\_ Meat and dairy \_\_\_\_ Fruit \_\_\_\_ Other \_\_\_\_

Products I plan to sell: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Check the weeks you plan to attend the Market:

____ May 6	____ June 3	____ July 1	____ Aug 5	____ Sept 2	____ Oct 7	____ Nov 4
____ May 13	____ June 10	____ July 8	____ Aug 12	____ Sept 9	____ Oct 14	____ Nov 11
____ May 20	____ June 17	____ July 15	____ Aug 19	____ Sept 16	____ Oct 21	
____ May 27	____ June 24	____ July 22	____ Aug 26	____ Sept 23	____ Oct 28	
		____ July 29		____ Sept 30		

Payment Choice \_\_\_\_ \$20 /week \_\_\_\_ \$238 half season \_\_\_\_ \$420.00 full season

For half and full season rates, one-half is payable no later than May 6<sup>th</sup>; the balance is payable no later than July 16<sup>th</sup>. Half and full season rates are refundable at any time during the Market season, less a \$20.00 fee for each Market week already attended by a vendor.

Certified Organic Grower? \_\_\_\_ Yes \_\_\_\_ No If yes, please attach copy of certification.

I am interested in participating in a once per month Winter Harvest

\_\_\_\_ Yes \_\_\_\_ No

Please sign below certifying that you have read, understand and agree to abide by the New Hope Farmers' Market Rules. Return application with check. Please make check payable to New Hope Farmers' Market & mail to 3933 Burnt House Hill Rd, Doylestown, Pa 18902, along with a certificate of insurance and a signed copy of this Agreement.

Signature \_\_\_\_\_ Date \_\_\_\_\_