



Shelburne Farmers Market 2017 Return Vendor Registration Form

Name(s) _____

Business Name _____

Mailing Address _____

Phone _____ Cell Phone _____ Email _____

Fill in the shaded box(es) below for the Season Vendor or Day Vendor Fees, as applicable

Season Vendor Fees	Fee	# of Booths Last Year	Total
Registration Fee*	\$20 (non-SBPA member)		
Booth Fee	\$150 per booth		
Total Due with Registration Form			\$

Day Vendor Fees	Fee	Total
Registration Fee*	\$20 (non SBPA member)	
Booth Fee	\$25/week (due on Market Day)	
Total Due with Registration Form		\$

* Registration fee waived for SBPA Members

Please describe what you will be selling:

	<i>Description</i>	<i>Estimate % of Total Sales</i>
Agriculture	_____	_____
Food	_____	_____
Crafts	_____	_____

What new or different products do you expect to sell: _____

Please check all markets you will attend. *To be a season participant you must attend a minimum of 16 (80%) Markets*

May 27	June 3	June 10	June 17	June 24	July 1	July 8	July 15	July 22	July 29	Aug 5
Aug 12*	Aug 19*	Aug 26	Sept 2	Sept 9	Sept 16	Sept 23	Sept 30	Oct 7	Oct 14	Total Markets Attending

*Shelburne Day

(Over)

Please Read Carefully and Sign Below

The Shelburne Farmers Market is covered by a limited liability insurance policy. This does not cover product liability for individual vendors or liability for personal damages caused by your market display. Therefore I understand that individual product liability and liability for my market display is my responsibility. I do hereby release the SBPA from liability due to my product(s) and/or market display.

Signature

Date

In addition, I acknowledge that:

- I have **received the Shelburne Farmers Market Policies 2017** and **I am responsible for educating myself and anyone who may represent me on the Market's operation.**
- I will satisfy all Vermont statues that apply to Farmers Market Vendors
- If I do not follow the procedures set forth in the policies, I understand the SBPA may, in its discretion, terminate my participation in the Market. In the event of said termination, all fees paid by me to said market shall be retained by the Market.
- If I am a Day Vendor I understand that a space is contingent upon availability each market Saturday.

Signature

Date

Sign and submit this form with your Fees. Make checks payable to SBPA.

Mail to: Shelburne Farmers Market, PO Box 383. Shelburne, VT 05482

Market Use Only:

Cash _____ Check # _____

Registration Fee \$ _____ Season Rate: \$ _____ Total Paid: \$ _____ Date: _____