

New Hope Farmers' Market Vendor Agreement ~ 2011

Business name _____ Contact Person _____

Others selling _____

Address _____ Phone _____ Cell _____

_____ Evening _____ Fax _____

Email _____ Website _____

Total Acres Farmed _____ Acres in vegetables _____ Fruit _____ Meat & Dairy _____ Other _____

Products I plan to sell: _____

Check the weeks you plan to attend the Market:

___ May 5 ___ June 2 ___ July 7 ___ Aug 4 ___ Sept 1 ___ Oct 6 ___ Nov 3
___ May 12 ___ June 9 ___ July 14 ___ Aug 11 ___ Sept 8 ___ Oct 13 ___ Nov 10
___ May 19 ___ June 16 ___ July 21 ___ Aug 18 ___ Sept 15 ___ Oct 20 ___ Nov 17
___ May 26 ___ June 23 ___ July 28 ___ Aug 25 ___ Sept 22 ___ Oct 27
___ June 30 ___ Sept 29

Payment Choice:

Weekly: \$20 ___ Half Season: 1st \$238 payments by May 1 ___ & July 15 ___

Full Season \$420 ___ Payable by May 1

Half & Full season rates are refundable at anytime during the Market season, minus \$20 fee for each Market week already attended by a vendor.

Flea Market Fee \$5/week collected monthly; please write check to New Hope Flea Market.

Certified Organic Grower or Vendor? Yes ___ No ___ Please attach copy of certification

Certified Kitchen? Yes ___ No ___ Attach copy of certification PA

I am interested in participating in a once a month winter market ___ Yes ___ No

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

Signature _____ Date _____