## Saucon Valley Farmers Market Artist Application

| * Required |              |  |  |  |
|------------|--------------|--|--|--|
| 1.         | Email *      |  |  |  |
|            |              |  |  |  |
| 2.         | Name *       |  |  |  |
|            |              |  |  |  |
|            |              |  |  |  |
| 3.         | Company name |  |  |  |
|            |              |  |  |  |
| 4.         | Address *    |  |  |  |
|            |              |  |  |  |
|            |              |  |  |  |
|            |              |  |  |  |
|            |              |  |  |  |
| 5.         | Phone *      |  |  |  |
|            |              |  |  |  |
| 6.         | Website      |  |  |  |
|            |              |  |  |  |

| 7.  | Types of products  |  |  |
|-----|--|--|--|
|     |  |  |  |
|     |  |  |  |
|     |  |  |  |
| 8.  | Short description for use in marketing. Feel free to include a short biography and email a photo to us at <a href="mailto:sauconvalleyfarmersmarket@gmail.com">sauconvalleyfarmersmarket@gmail.com</a> |  |  |
|     |  |  |  |
|     |  |  |  |
|     |  |  |  |
| 9.  | *  |  |  |
| J.  | Check all that apply   |  |  |
|     | Check all that apply.  |  |  |
|     | I agree to pay the space rental fee of \$25 per day for each 10 x 10 space  I guarantee that my products are handmade by myself &/or my partners   |  |  |
|     | I accept responsibility to file taxes on any income made at the show   |  |  |
|     | I will provide my own table and tent or other form of coverage for my space  |  |  |
| 10. | What months will you be here? *  |  |  |
|     | Check all that apply.  |  |  |
|     |  |  |  |
|     | ☐ May ☐ June   |  |  |
|     | July   |  |  |
|     | Sury August  |  |  |
|     | September  |  |  |
|     | October  |  |  |
|     | November   |  |  |

| 11. | Enter your signature * |  |
|-----|------------------------|--|
|     |                        |  |
|     |                        |  |
|     |                        |  |
|     |                        |  |

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