

# Claremont Farmers' Market Application – 2009

(Space Assignment Starts May 1, 2009)

Farm/Organization Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Town, State, Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone # \_\_\_\_\_

## Select Level of Participation, dates, and special needs below.

\_\_\_\_\_ **Full Season**, \$75.00, includes Membership fee (*Best Buy for Savings*)

\_\_\_\_\_ **Partial Season**, \$10 per week (select dates below to vend) plus \$15 CFM Membership.

### Claremont Farmers' Market Dates:

4-Jun _____	11-Jun _____	18-Jun _____	25-Jun _____	30-Jul _____
2-Jul _____	9-Jul _____	16-Jul _____	23-Jul _____	
6-Aug _____	13-Aug _____	20-Aug _____	27-Aug _____	
3-Sep _____	10-Sep _____	17-Sep _____	24-Sep _____	
1-Oct* _____	* extended season weather permitting			

\_\_\_\_\_ **Market Membership Only:** Supporter (\$15.00) Champion (\$25.00)

- List ALL produce, agricultural, non-agricultural products to be sold, and nonprofit organization services being represented. Specify each organic and/or WIC certified item.
- Non-Agricultural products and non-profit organizational services require CFMA Board approval based on relevance to CFM guidelines, and availability of space. You are welcome to include pictures, product samples, or description of nonprofit organization goals for participation, for CFMA Board review.

Attach a separate page if needed. \_\_\_\_\_

- Check box if you require flexible set up time (other than 3:00 – 4:00 PM).
- Check box if you have special needs and would like to be contacted personally for arrangements.
- Check box if credit/debit card processing is an important consideration to increase your sales.

Placement Request: \_\_\_\_\_

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

Mail with check made payable to CFMA, PO box 14, Claremont, NH 03743.

Questions: email [ClaremontMarket@aol.com](mailto:ClaremontMarket@aol.com) or call 603-542-4321 after 11 AM.

CFMA use only: \_\_\_\_\_ Date Rec'd \_\_\_\_\_ Space# \_\_\_\_\_