



## Springfield Farmers Market

Please mark the date(s) of the Farmers Markets you plan to attend from the list below:

All Wednesday Markets - 12:00p - 5:00p

Wednesday, June 1, 2011  
 Wednesday, June 8, 2011  
 Wednesday, June 15, 2011  
 Wednesday, June 22, 2011  
 Wednesday, June 29, 2011

Wednesday, July 6, 2011  
 Wednesday, July 13, 2011  
 Wednesday, July 20, 2011  
 Wednesday, July 27, 2011

Wednesday, August 3, 2011  
 Wednesday, August 10, 2011  
 Wednesday, August 17, 2011  
 Wednesday, August 24, 2011  
 Wednesday, August 31, 2011

Wednesday, September 6, 2011  
 Wednesday, September 13, 2011  
 Wednesday, September 20, 2011  
 Wednesday, September 27, 2011

Craft Shows - 8:00 a.m. - 2:00 p.m.  
All Saturday Markets - 8:00a - 1:00p

Saturday, May 7, 2011  
 Saturday, May 14, 2011  
 Saturday, May 21, 2011 – Mom2Mom Sale  
 Saturday, May 28, 2011

Saturday, June 4, 2011 – Craft Show  
 Saturday, June 11, 2011  
 Saturday, June 18, 2011  
 Saturday, June 25, 2011 – Community Potluck/Health Fair  
 Saturday, July 2, 2011

Saturday, July 9, 2011  
 Saturday, July 16, 2011  
 Saturday, July 23, 2011  
 Saturday, July 30, 2011

Saturday, August 6, 2011 – Craft Show  
 Saturday, August 13, 2011 – Taste of the Market  
 Saturday, August 20, 2011 – Mom2Mom Sale  
 Saturday, August 27, 2011  
 Saturday, September 3, 2011 – Car/Craft Show

Saturday, September 10, 2011 – Taste of the Market  
 Saturday, September 17, 2011 – Vendor Potluck  
 Saturday, September 24, 2011  
 Saturday, October 1, 2011 – Craft Show

Saturday, October 8, 2011  
 Saturday, October 15, 2011  
 Saturday, October 22, 2011  
 Saturday, October 29, 2011 – Halloween Event

Saturday, November 19, 2011 – Holiday Market  
9:00 a.m. – 2:00 p.m.

**ARE YOU INTERESTED IN ACCEPTING PROJECT FRESH COUPONS/TOKENS, PROVIDED YOU ARE ELIGIBLE UNDER THE GUIDELINES SET FORTH BY THE STATE OF MICHIGAN AND THE CITY OF SPRINGFIELD?** (Vendors are routinely reimbursed each week for coupons/tokens collected through the program.)

YES  NO  NOT SURE

**ARE YOU INTERESTED IN ACCEPTING DEBIT/CREDIT/EBT CARDS, PROVIDED YOU FOLLOW THE GUIDELINES SET FORTH BY THE CITY OF SPRINGFIELD AND/OR THE STATE OF MICHIGAN?** (Vendors will be routinely reimbursed each week for funds collected through the program.)

YES  NO  NOT SURE

**To reserve an exhibitor space, complete this form and mail or deliver, along with the corresponding registration fee to:** City of Springfield, Kris Vogel, City Clerk/Farmers Market Manager, 601 Avenue A, Springfield, MI 49037.

**CHOOSE METHOD OF PAYMENT:**

**Daily:** if you are interested in attending the Farmers Market on Wednesday the fee is \$10.00. If you are interested in attending the Farmers Market on Saturday the fee is \$25.00.

**Weekly:** if you are interested in attending the Farmers Market on both Wednesday AND Saturday in the same week you might consider paying by the week for \$30.00, which will save you \$5.00/wk.

**Season:** if you are interested in attending the Farmers Market consistently throughout the season, you might consider paying the season rate of \$325.00, which will save you over \$200 from the weekly rate.

**Season runs May 7<sup>th</sup> – October 29<sup>th</sup>**

___ # of 10' x 10' booth spaces on Wednesday x \$10.00 each x ___ # days =	\$ _____
___ # of 10' x 10' booth spaces on Saturday x \$25.00 each x ___ # days =	\$ _____
___ # of 10' x 10' Booth spaces for the week x \$30.00 each x ___ # weeks =	\$ _____
___ # of 10' x 10' Booth spaces x \$325.00 each for season =	\$ _____

(Note: In order to receive the season rate payment must received by April 18, 2011)

**If available, booth space # requested:** \_\_\_\_\_

**Additional charges:**

___ # of Tables x \$5.00 each x ___ # weeks =	\$ _____
___ # of Chairs (no charge – limited # of chairs available)	
___ Electricity - \$1.00 x ___ # weeks =	\$ _____

**TOTAL AMOUNT DUE** \$ \_\_\_\_\_  
**(REFUNDS WILL NOT BE ISSUED)**

**Please make checks payable to: City of Springfield.** If you have any questions, please feel free to contact Kris Vogel at the City of Springfield at 269-965-2354.

**PLEASE PRINT ALL INFORMATION**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**TYPE OF ITEM(S):** \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_