



Twinsburg Farmers' Market

Vendor Registration 2010

Name: _____

Farm/Business Name (if applicable): _____

Home Address: _____

Phone (with area code): _____ E-mail: _____

Federal tax ID # or SS # _____

Organic growers' certificate # _____

I plan on selling: _____

Please check ONE:

_____ I will participate in the Twinsburg Farmers Market for the whole 13 week season.

_____ I will participate in the Twinsburg Farmers Market on the dates listed below: (Please check all dates you will be attending,

___ 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

_____ Full Season fee of **\$208 per space is enclosed. (That's a 20% savings!)**

_____ Per Market fee of **\$20 per space, per market is enclosed.**

Make a check payable to: The City of Twinsburg * Please call us with your credit card information if you wish to pay by Visa or MasterCard.

AGREEMENT: I do hereby acknowledge that I participate voluntarily in the program hosted by the City of Twinsburg. I declare that my health and physical condition is adequate to meet the requirements of the program. I covenant and agree to hold harmless the City of Twinsburg, and any of its agents and/or employees, against and from any and all costs, damages, or expenses arising out of or from any accident or other occurrence causing injury to myself, or any person or property during participation in this program, **and** I have read and agree to comply with the Rules and Regulations of the Twinsburg Farmers' Market. I understand that noncompliance may result in being expelled from the Market. I state that all information provided by me to the Market, including information on this application, is true, complete, and correct.

Name, please PRINT: _____ Date: _____

Signature: _____

Please sign and return with payment to: The City of Twinsburg, 10075 Ravenna Road, Twinsburg, Ohio 44087, Attn: Farmers Market. Questions? Call us at 330-425-7161.