

MIDDLEBOROUGH
FARMERS MARKETPLACE
REGISTRATION FORM

Vendor Name: _____

Farm Name: _____

Address: _____

Town: _____ Zip Code: _____

Phone Number : _____ Email : _____

FEES: **Electricity Additional \$5.00 per day**

SEASONAL FEE: 15' x 15' SPACE \$275.00 June 24th through October 14th

Payments must be received by June 1, for seasonal space fee.

WEEKLY FEE: 15' x 15' SPACE \$1800 Saturday 10:00 AM - 2:00 PM

Weekly payment is due at the beginning of the scheduled farmers marketplace.

I request the following space(s): _____

Enclosed is a payment of \$ _____

(Make check payable to Karen Blair, P.O. Box 292 Middleboro, Ma. 02346)

- I have read, understand, and will comply with the Middleborough Farmers Marketplace Rules and Regulations. I further agree to hold the Market, Ag Com, Town and its officers, managers, volunteers, officials, employees and agents harmless for any liability, loss or claims against it due to my or my employees conduct or from any potential product liability I may incur.
- I understand that this fee is nonrefundable.

Vendor Signature: _____ Date: _____

(Signature indicates acceptance of rules and regulations.)