



Lake Erie Festival Marketplace Farmers Market Registration



Business Name : _____

Contact Person's Name : _____

Address : _____ City: _____

State : _____ Zip Code: _____

Cellphone : _____ Email : _____

Social Media Business Page : (Facebook) _____

Social Media Business Page : (Instagram) _____

Vendor License _____

I will be attending the following Farmers Markets below (check all that apply):

Thurs.	Sat.	Sun.	Thurs.	Sat.	Sun	Thurs.	Sat.	Sun
<input type="checkbox"/> 4th	<input type="checkbox"/> 6th	<input type="checkbox"/> 7th	<input type="checkbox"/> 2nd	<input type="checkbox"/> 4th	<input type="checkbox"/> 5th	<input type="checkbox"/> 6th	<input type="checkbox"/> N/A	<input type="checkbox"/> 2nd
<input type="checkbox"/> 11th	<input type="checkbox"/> 12th	<input type="checkbox"/> 14th	<input type="checkbox"/> 9th	<input type="checkbox"/> 11th	<input type="checkbox"/> 12th	<input type="checkbox"/> 13th	<input type="checkbox"/> 8th	<input type="checkbox"/> 9th
<input type="checkbox"/> 18th	<input type="checkbox"/> 20th	<input type="checkbox"/> 21st	<input type="checkbox"/> 16th	<input type="checkbox"/> 18th	<input type="checkbox"/> 19th	<input type="checkbox"/> 20th	<input type="checkbox"/> 15th	<input type="checkbox"/> 16th
<input type="checkbox"/> 25th	<input type="checkbox"/> 27th	<input type="checkbox"/> 28th	<input type="checkbox"/> 23rd	<input type="checkbox"/> 25th	<input type="checkbox"/> 26th	<input type="checkbox"/> 27th	<input type="checkbox"/> 22nd	<input type="checkbox"/> 23rd
June			<input type="checkbox"/> 30th	<input type="checkbox"/> 31st	July	Aug.	<input type="checkbox"/> 29th	<input type="checkbox"/> 30th

Please indicate ALL types of products that you will be selling at the market:

Please mark if it applies: Farmer/Produce Small Business/Vendor Electric needed Bringing generator Booths/Space needed _____

I have read the enclosed Rules & Regulations, understand them and agree to abide by them.

X _____

Please make checks payable to Lake Erie Festival Marketplace Farmers Market
106 W. Perry Street Port Clinton, Ohio 43452

Office Use Only: Date R'cvd: _____ Cash Check #: _____ Credit Card _____
Amount: \$ _____