



Great Falls' Original
Farmer's Market
 (406) 761-3881
 PO Box 1986, Great Falls, MT 59403-1986
 VendorInfo@farmersmarketgf.com

2016 Community Booth Application

PART A – CONTACT INFORMATION Please fill out in full.

Contact Name		Organization Name
Mailing Address		City, State, Zip Code
Phone	Fax	Email
Cell Phone		Website and/or Facebook Page

Booth Description

Please describe the types of activity at the booth and the type of material it will contain.

Will the booth be used to sell goods/merchandise Yes No
 Will the booth be used to distribute free information? Yes No
 Will the booth be used to recruit sign-ups or other contact information? Yes No
 Will the booth be manned the entire time? Yes No
 Other information about activities and materials available at the booth:

PART B – PARTICIPATION DATES Please circle dates you plan to participate.

June	July		August		September	
<u>Saturdays</u>	<u>Saturdays</u>	<u>Wednesdays</u>	<u>Saturdays</u>	<u>Wednesdays</u>	<u>Saturdays</u>	<u>Wednesdays</u>
June 4	July 2	July 13	Aug 6	Aug 3	Sep 3	Sep 7
June 11	July 9	July 20	Aug 13	Aug 10	Sep 10	Sep 14
June 18	July 16	July 27	Aug 20	Aug 17	Sep 17	Sep 21
June 25	July 23		Aug 27	Aug 24	Sep 24	
	July 30			Aug 31		

PART C – DETAILED INFORMATION

Please provide a brief history and description of your organization.

Include a description of: 1) core organizational purposes or goals, 2) the events that the organization has been involved with in the community, 3) its current major activities as an organization, and 4) what specifically is to be promoted at the booth.

PART D – ADDITIONAL INFORMATION

1. **Do you require a vehicle space at your booth?** Yes No *(Note: This does not guarantee a parking space. Also, additional fees may apply if you are occupying more than one booth space.)*
2. **Do you require electricity at your booth?** Yes No *(This does not guarantee availability of electricity. Please discuss your needs and options with the Market Manager prior to set-up.)*

PART E – COMMUNITY BOOTH AGREEMENT

1. **I understand that I must sign this agreement before I will be allowed to participate in the Great Falls’ Original Farmer’s Market.**
2. I understand that execution of this Agreement does not guarantee my acceptance or guarantee space at the Market.
3. Approved community booths are solely responsible for their products, equipment and other possessions, and for their business practices.
4. **I have read the “General Information” and “Regulations” attached to this application and I agree that I, and all persons assisting at our booth, will abide by all Regulations stated or as amended by the Great Falls’ Original Farmer’s Market.**
5. **Liability Release and Waiver of Claims:** I release the Great Falls’ Original Farmer’s Market and each of its officers, employees, agents, volunteer workers, directors, and representatives from any and all actions, causes of action, liability, claims, demands, costs, charges, and expenses my/our immediate families, estates, personal representatives, heirs and devisees might have arising from any damage, personal injury, suffering or death occurring from participation in the Great Falls’ Original Farmer’s Market.

My execution of this agreement is a lawful and voluntary act. By signing below I certify that I understand and agree to abide by the terms of this agreement.

Authorized Signature: _____

Date: _____