



Saturday
9 a.m. – 1 p.m.

EFM 2008 REGISTRATION FORM

EFM Manager:
Megan McBride
610-330-9942
megan@eastonpartnership.org

1 South Third Street, 4th Floor
Easton, PA 18042

TO BE COMPLETED BY ALL VENDORS RETURN WITH FEE TO EFM MANAGER

Date _____

FARM or BUSINESS NAME _____

CONTACT NAME _____

MAILING ADDRESS _____

E-MAIL ADDRESS _____

WEBSITE _____

PHONE NUMBERS _____ (home) _____ (cell)

PRIMARY PRODUCT (check one):

- | | | | | |
|--------------------------------------|--------------------------------------|--------------------------------------|---------------------------------|---|
| <input type="checkbox"/> vegetables | <input type="checkbox"/> fruits | <input type="checkbox"/> meat | <input type="checkbox"/> dairy | <input type="checkbox"/> poultry & eggs |
| <input type="checkbox"/> baked goods | <input type="checkbox"/> cut flowers | <input type="checkbox"/> live plants | <input type="checkbox"/> crafts | <input type="checkbox"/> other |

PRODUCTS FOR SALE AT MARKET (Please be specific and list all items for consideration.
Continue on back if necessary.) _____

[] **Annual Vendor Fee (\$100)**

[] **Event-Only Vendor Fee (\$30 per day, not to exceed \$150)** Please fill out and attach the EFM Events Form indicating in which events you wish to participate.

I/We _____ (print name(s)) hereby state that I/we have read and understand the EFM Rules and Regulations and agree to adhere to them and the directions of the Market Manager. I/We understand that failure to do so could result in revocation of my/our EFM License without refund of fees.

Signature(s)