



Vendor application for 2017 The Selinsgrove Farmers' Market

Name: _____

Farm Name (if applicable) : _____

Address : _____

City : _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

In case of an emergency, who can we contact: _____

Phone: _____

Product (check all that apply): Produce _____ Meat _____ Cheese _____

Plants/Flowers _____ Honey _____ Eggs _____ Baked goods _____ Jewelry _____

Soaps _____ Craft _____ Other (please specify) _____

Season fee is \$75.00 for one 10 x 10 space. A limited number of spaces with electricity are available. If you are in need of electricity for product preservation, please check here. _____

Make checks payable to Selinsgrove Projects, Inc. Mail check, application and signed guidelines to: **Selinsgrove Projects, Inc, P.O. Box 377, Selinsgrove, PA 17870.**

Questions? Contact Sara Lauver, Market Association Chair at (570) 847-5903, or Market Manager, Kevin Dressler at (570) 238-0138

*Thank you for your application!
Someone will contact you shortly with additional information.*