

**Local Works Farmers' Market 2010
Registration Form**

Please fill out completely and sign before submitting

Farm or Business Name: _____

Owner/Contact Name: _____

Address: _____

Phone #: _____ E-Mail: _____

Products (describe briefly) _____

Are you certified to accept WIC/Nutrition Coupons? Yes _____ No _____

Approximate size of selling area needed (frontage)? _____

Which market would you like to participate in?

Bethlehem _____ Berlin _____
Saturday 9AM-1PM _____ Thursday 3PM-7PM _____ Both _____

Registration Fee: Free for WREN members
\$35 for the season, which includes a WREN membership

Weekly Fees: 5% of sales revenue to be paid to the Market Coordinator at the end of each market

Please sign below to signify that you have read and will comply with the Local Works Farmers' Market rules.

Signature _____

Please Print Contact Name and Business Name _____

WREN
PO Box 331, Bethlehem, NH 03574
(603) 869-9736
www.wrencommunity.org