

Sullivan Illinois Farmer's Market Participant's Application Form 2017 Season

Business Name: _____

Contact Person: _____ **Phone:** _____

Mailing Address: -----

City: -----State: _____ Zip: -----

Fax: _____ E-mail: -----

May we publish this contact information on our website and in any brochures? -----

Do you have a website for your business? _____ May we link to it from our website? _____

_ URL for your website: -----

EMERGENCY CONTACT: Please provide the name and phone number of someone we can contact in the event of a medical or other emergency.

Name		Phone	
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DATES YOU PLAN TO PARTICIPATE IN THE MARKET:

- We realize it is difficult to predict when crops will be ready to harvest. These dates should reflect your best estimate of your participation dates. If these dates change, please notify the Sullivan Farmers Market Representative at least one week in advance. A crop plan is available to help you plan your harvest. Call 217-259-8283 to request to have one mailed to you or go to our website and download the crop plan.*

D	May 19	D	June 16	D	July 14	D	August 11
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D	May 26	D	June 23	D	July 21	D	August 18
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D	June 02	D	June 30	D	July 28	D	August 25
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D	June 09	D	July 07	D	August 04	D	Sept. 01
					August 26		

Briefly describe the products you plan to sell. This information may be used on our website and in other promotional materials:

Number of spaces: _____ Total rental cost: _____

DON'T FORGET!
Sign the application before mailing!