

The Downtown Farmer's Market
C/O Intown Manchester
P.O. Box 659
Manchester, NH 03105-0659
(603) 645-6285

2010 MARKET ATTENDANCE SCHEDULE

VENDOR NAME: _____

VENDOR SIGNATURE: _____

Please indicate below which market you plan to attend for the 2010 season **and return this form to Intown Manchester by March 1, 2010.**

JUNE	17_____	AUGUST	26_____
	24_____	SEPTEMBER	2_____
JULY	1_____		9_____
	8_____		16_____
	15_____		23_____
	22_____		30_____
	29_____	OCTOBER	7_____
AUGUST	5_____		14_____
	12_____		21_____
	19_____	ENTIRE SEASON	_____

STALL LOCATION REQUEST

Stall location requests will be considered on the basis of seniority and of set up requirements for each vendor. Please indicate which you would prefer:

_____ a space parallel to the curb (30-foot frontage) or,
_____ a space perpendicular to the curb (12-foot frontage) with vehicle parked in the parking lot immediately behind your setup.

Make and model of your vehicle: _____

The stall fee is \$15 per market.