



St. Clair Chamber Route 66 Farmers' Market

Vendor Application 2010

Confirmation #:

Market Use Only

**Deadline for reserving & canceling a booth is 12:00 Noon, Friday before Market.
Reservations & Cancellations: Call 314-808-3236**

Individual Name: _____ Business Name: _____

Mailing Address: _____ City _____ Zip _____

Contact: Phone _____ Cell _____

E-Mail: _____

Specific description of your product(s) you will sell: _____

**BOOTH RESERVATION: A payment of \$50 for the FULL Season (May 15 – Oct 30, 2010)
A 10'x10' space is required of all vendors intending to sell at the St. Clair Chamber Farmers' Market.
See Rules & Regulations.**

A confirmation number must be received by Vendor to confirm your booth reservation.

Please X the box(s) for what date(s) you are reserving and paying for a booth at the Market.

Number of Spaces Needed _____ Amount Enclosed \$ _____ Cash Check# _____

- | | | | | | | | | |
|-------------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|--------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Every Week | <input type="checkbox"/> 5/15 | <input type="checkbox"/> 5/22 | <input type="checkbox"/> 5/29 | <input type="checkbox"/> 6/5 | <input type="checkbox"/> 6/12 | <input type="checkbox"/> 6/19 | <input type="checkbox"/> 6/26 | <input type="checkbox"/> 7/03 |
| <input type="checkbox"/> 7/10 | <input type="checkbox"/> 7/17 | <input type="checkbox"/> 7/24 | <input type="checkbox"/> 7/31 | <input type="checkbox"/> 8/7 | <input type="checkbox"/> 8/14 | <input type="checkbox"/> 8/21 | <input type="checkbox"/> 8/28 | <input type="checkbox"/> 9/04 Special |
| <input type="checkbox"/> 9/11 | <input type="checkbox"/> 9-11 | <input type="checkbox"/> 9/18 | <input type="checkbox"/> 9/25 | <input type="checkbox"/> 10/2 | <input type="checkbox"/> 10/9 | <input type="checkbox"/> 10/16 | <input type="checkbox"/> 10/23 Special | <input type="checkbox"/> 10/30 |

**Mail To: St. Clair Chamber Farmers' Market
920-F Plaza Drive
St. Clair MO 63077**

Make Checks Payable to: St. Clair Chamber

Vendor Questions: 636-629-1889 or 314-808-3236

Waiver of Liability: In consideration of your accepting this application, I the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors and demonstrators, waive and release any and all rights and claims for damages I may have against the St. Clair Area Chamber of Commerce and Wm Juengel property, its organizers, their sponsors, their representatives, successors, and assignees for any and all injuries suffered by myself or my guests in the event. Further, I hereby grant full permission to the event organizers and/or agents authorized by them, to use any photographs, videotapes, recordings or any other record of the event for legal purposes. I agree to abide by the rules and regulations of St. Clair Area Chamber of Commerce Farmers' Market.

I have read and agree to abide by the St. Clair Area Chamber of Commerce Farmers' Market Rules and Regulations & Waiver of Liability. I agree to be in compliance with all External Regulations required by law.

X _____
Signature Date

Proof of Vehicle Liability Insurance required for all vendors to operate a vehicle within the Market area.

Proof of Insurance Attached (Copy of ID card)