

OSHKOSH FARMERS MARKET - 2017-18 WINTER

2017-18 Winter Market Community Outreach Application

Organization Name _____

Contact Name(s) _____

Address _____ City _____ State _____ Zip _____

Primary Phone _____ Alternate Phone(s) _____

E-mail _____ Certificate of Insurance must be attached

The Oshkosh Saturday Farmers Market is pleased to allow a limited number of Community Outreach Groups a chance to interact with the public at our expense.

Please describe your activity and what you plan to do at the market.

Check all of the dates you could attend. I would like to vend _____ times. Although we try to accommodate all requests, space is on a first come, first served basis and is assigned on a space available basis. In the event you would like to guarantee your space date(s), please complete a regular weekly/fill-in vendor application and include the appropriate fee.

- | | | | | | |
|---------------------------------|----------------------------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> Nov 4 | <input checked="" type="checkbox"/> Dec 2 (OCC)** | <input type="checkbox"/> Jan 6 | <input type="checkbox"/> Feb 3 | <input type="checkbox"/> Mar 3 | <input type="checkbox"/> Apr 7 |
| <input type="checkbox"/> Nov 11 | <input checked="" type="checkbox"/> Dec 9 (OCC)** | <input type="checkbox"/> Jan 13 | <input type="checkbox"/> Feb 10 | <input type="checkbox"/> Mar 10 | <input type="checkbox"/> Apr 14 |
| <input type="checkbox"/> Nov 18 | <input checked="" type="checkbox"/> Dec 16 (OCC)** | <input type="checkbox"/> Jan 20 | <input type="checkbox"/> Feb 17 | <input type="checkbox"/> Mar 17 | <input type="checkbox"/> Apr 21 |
| Nov 25 | Dec 23 | <input type="checkbox"/> Jan 27 | <input type="checkbox"/> Feb 24 | <input type="checkbox"/> Mar 24 | <input type="checkbox"/> Apr 28 |
| | Dec 30 | | | Mar 31 | |

**** The December markets will be held at the Oshkosh Convention Center. Non-profit groups will be charged for these dates.**

I need 1 - 8 foot table space @ \$50.00 per week (OCC) \$_____00

We will assign you to the earliest requested date that is currently available, and contact you with specific date and space information. You will be given instructions on how to reach your space and where to park your vehicle(s). You will also be placed on our fill-in list for subsequent requested dates. Our Policies Letter is enclosed for your attention. Even though the majority of information may not affect you, it all applies to you.

You will not be permitted to "promote" your program by directly contacting customers in the walk area. Handouts and "sign-ups" may be available, and donations accepted, within your assigned area but, again, passersby should not be approached in the walk area.

If you want to use this opportunity to do some "fund-raising"; that will be permitted. Hand-crafted and home-grown items may be sold, but manufactured items are strictly limited to items advertising your group. Check with the Health Department concerning the sale of any home-processed foods, since licensing may be required.

Send the completed application and proof of liability insurance to:

Oshkosh Saturday Farmers Market Inc, c/o Karlene Leatherman, 518 W Gruenwald Ave., Oshkosh WI 54901-2235

Questions? Read the application introduction, then contact

Karlene or Dennis Leatherman, Executive Directors, 920 252 2533 or 920 252 2532, osfmimc@shcglobal.net

I have read the Policies regarding the Oshkosh Saturday Farmers Market Inc and I understand and agree to follow these Policies. I release the City of Oshkosh, Oshkosh Convention Center, Merrill Middle School, Oshkosh Area School District and the Oshkosh Saturday Farmers Market Board of Directors and volunteers from any liability whatsoever for theft, damages, litigation, prosecution, illegal sales practices, injury or loss of any kind associated with the Oshkosh Saturday Farmers Market Inc.

Signature: _____ Date: _____