



Application Form Spring Market

Benefitting the East Falls Farmers Market/East Falls Development Corporation
(EFFM/EFDC)

1. Contact information. Please print CLEARLY.

Name: _____

Name of business:

Address: _____

Street, Road, Rural Delivery Route

City or Town

State

Zip Code

Phone: _____
cell *alternate phone*

Email address: _____

Website address: _____

2. Business & Product Information.

Objective: We show a preference for craft vendors who produce their own crafts and who use recycled or repurposed materials. We are not interested in re-sellers or wholesalers.

Please use the space provided to describe what you would be selling:

3. Sign application.

Your signature certifies that the information provided above is accurate.

Signature

Date

If applying via postal service:

Select date(s) and size of space desired:

- Saturday + Sunday | Single Space | \$70
- Saturday + Sunday | Double Space | \$140
- Saturday | Single Space | \$35
- Saturday | Double Space | \$70
- Sunday | Single Space | \$35
- Sunday | Double Space | \$70

NOTE:

SINGLE SPACE: 36" x 30"
DOUBLE SPACE: 72" x 30"
TABLES PROVIDED

Return the application and check to:

EFFM/East Falls Development Corporation
4133 Ridge Ave.
Philadelphia, Pa 19129
Please make checks payable to EFDC

If applying electronically:

Send copy of application to:

eastfallsfarmersmarket@gmail.com

Complete your registration and make your payment by visiting:

www.eastfallsfarmersmarket.com/springmarketregistration.html