



Presenter Application

Your Name: _____

Business Name: _____

Type of Organization/Material to be presented: _____

Address: _____ City: _____ Zip: _____

E-Mail: _____

Phone: _____ FAX: _____

Which number is best to reach you in case the market is cancelled? _____

Web-site address www. _____

Can we list you on www.allenneighborhoodcenter.org? Yes ___ No ___

If we are unable to accept your participation in this season, would you like to be put on our waiting list so that we may contact you when there is an opening?

Yes ___ No ___

Attendance

The Allen Street Farmers Market is held on Wednesdays and is located in the parking lot surrounding the Allen Neighborhood Center at 1619 E. Kalamazoo St. in Lansing, MI.

Following are the hours of operation – please note the shift after Labor Day:

May 21, 2008 through August 27, 2008 2:30 PM to 7:00 PM

September 3, 2008 through October 29, 2008 2:30PM to 6:30PM

The ASFM will be open rain or shine. It is expected that presenters will be in place at the market by 2:00 p.m. and ready for the public by 2:30 p.m. Due to safety concerns, no vehicle will be allowed to enter the market after 2:00 p.m. Presenters are expected to remain in place until the closing of the market. Contact the Outreach Coordinator in advance of any unusual circumstances. You may be relocated near an exit in these cases.

Any specialty events or program highlights that you would like us to promote in our marketing: _____

Waiver of Liability and Statement of Authenticity:

In consideration for participating as a presenter in the Allen Street Farmers Market, I assume all risks of injury suffered while on and/or upon the premises of the market and release and agree not to sue the Allen Neighborhood Center, its employees or anyone connected with the Allen Neighborhood Center of any claim, damages, costs, or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred while on and/or upon the premises of the Allen Neighborhood Center or Allen Street Farmers Market as a farm market presenter.

I, the undersigned, have read the waiver of liability and statement of authenticity as well as the ASFM Farmers Market Presenter Policy and both understand and agree to abide by each.

Signed: _____

Printed Name: _____ Date: _____

**Thank you for joining us at the Allen Street Market!
We appreciate your support, and wish you a very positive experience.**