



CONTACT NAME: _____

BUSINESS NAME: _____

Please describe what you will be selling: _____

STREET ADDRESS : _____

CITY/STATE/ZIP: _____

HOME TELEPHONE: _____ CELL: _____ BUSINESS: _____

E-MAIL ADDRESS: _____

WEBSITE: _____

FACEBOOK PAGE: _____ YES _____ NO FB Page Name: _____

- I understand the Winfield Summer Market is every Wednesday from June 20, 2018 through August 15, 2018 at the Winfield Government Center. I understand set-up is 1:00 p.m. to 2:30 p.m. and agree to remain the full hours of 3 to 7 p.m.
- I understand this a week to week market and I will call the Winfield Summer Market Staff at 219.663.7027 or email office@winfieldtwp.com by the Monday prior to the event by 3:00 p.m. if I cannot make it.
- I understand that I need to bring my own small tent, table and chair.
- If I am selling food items at my booth, I understand I must provide the Winfield Summer Market Staff certification from the Health Department.

DATE: _____

PRINT NAME: _____ SIGNATURE: _____

Fax to 219.663.5185 **or Email** your completed form to office@winfieldtwp.com **or**

Mail to 10645 Randolph St., Suite B, Winfield, IN 46307