

## 2009 Main Street Farmer's Market Grower Registration

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ zip code \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell \_\_\_\_\_

Location of garden (for inspection purposes) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Would you be willing to serve on an advisory committee of growers to assist with marketing advertising, rules compliance, etc.? Yes \_\_\_ No \_\_\_

### Official Use only

Date Received: \_\_\_\_\_ By: \_\_\_\_\_

Reserved space number: \_\_\_\_\_

Yearly \_\_\_\_\_ Temporary: \_\_\_\_\_