SPRINGS FARMERS MARKET
APPLICATION FORM
(Please print and provide full mailing address)

NAME ______________________________________ PHONE ______________________

ADDRESS ________________________________________________________________

CITY/STATE ___________________________________________ ZIP _______________

PLEASE CHECK THE ITEMS YOU PLAN TO SELL:
   _______ vegetables   _______ eggs   _______ honey/jams/preserves
   _______ plants/flowers _______ fruits   _______ tools
   _______ baked goods   _______ antiques   _______ used furniture/clothes/
                        treasures
   _______ crafts(specify) _______ quilts   _______ other ____________________

PLEASE CHECK ONE OF THE FOLLOWING:
   _____ I desire ______ seasonal space(s). A fee of $154 per space requested is enclosed (not 
     refundable)
   _____ I prefer to pay $11 weekly per space and and need ______ spaces.
     please indicate dates you will be selling.

PLEASE CHECK ONE OF THE FOLLOWING:
   _____ I wish to sell from my vehicle in an uncovered space(s).
   _____ I wish to sell from a covered space with a table provided by the market.

RETURN APPLICATION TO:          JIM GREEN
                                      SPRINGS FARMERS MARKET
                                      488 LAKE SHORE RD.
                                      FT. HILL PA. 15540

The undersigned hereby agrees to indemnify and hold harmless the Springs Historical Society from any 
loss, liability or claim arising from any acts or omissions of the undersigned, his employees, agents, 
guests, or invitees which are in any way related to the activities contemplated by this agreement, 
including reasonable attorney's fees. Furthermore, I understand that the Springs Historical Society 
retains the right to limit the sale of goods deemed inappropriate, unsafe, or unsanitary. I understand 
that I have full responsibility and liability for my displays and products as well as compliance with 
applicable Pennsylvania Laws to include SalesTaxes Laws.

Signature ________________________________ Date _____________________________