## **2019 Registration Form:**

Market season: May 2 through October 31

Name:	Email:
Farm/Business Name:	
Mailing Address:	
Daytime Phone:	Evening Phone:
Please list all product(s) you plan to sell at the	e Bethlehem Farmers' Market:
Please describe your business and why you w	rould like to participate in the market:
By Registering for the Bethlehem Farmers' M	Market I agree:
<ul> <li>That I am a producer-only local vendo</li> <li>I am local - located and operate within</li> <li>That I will commit to the entirety of th regulations.</li> </ul>	<del>_</del>
Signature:	Date:

Proud Partners of:

