

Ottawa's Old Town Farmers Market 2010 Non-profit Bake Sale Application

Name of Organization _____

Address _____

Phone _____ Email _____

Permit to be mailed to:

Name _____

Address _____

Phone _____ Alternate Phone _____

Certification

I agree to abide by the rules of the Farmers Market and the decisions of its manager and declare that my products are fit for human consumption and use, and that all participants have been reviewed and will abide by the proper sanitary procedures for food preparation. Further, I accept full responsibility for all activities conducted by our participants and I agree to hold the Ottawa Area of Chamber of Commerce harmless.

Authorized signature _____ Date _____

2010 Market Calendar

Please circle your first and second choices and mark alternate dates on the calendar below. Return this application via mail. Reservations must be made two weeks prior to date selected.

May	June	July	August	September	October
	5	3	1	4	2
8	12	10	7	11	9
15	19	17	14	18	16
22	26	24	21	25	23
29		31	28		30