APPLICATION FORM

Date

Full Name

Address Line 1

Address Line 2

City

State

ZIP Code

Email

Farm/Business Name (if different from above)

Farm/Business Email (if different from above)

Cell Phone

Home Phone

Best Way to Reach You?

[ ]  Phone Call [ ]  Text [ ]  Email

Products: (check all that apply - use additional space below if needed)

[ ]  Fruits

[ ]  Vegetables

[ ]  Herbs

[ ]  Mushrooms

[ ]  Eggs

[ ]  Dairy

[ ]  Fish

[ ]  Meat

[ ]  Maple/Honey Products

[ ]  Baked Goods

[ ]  Prepared Foods

[ ]  Crafts

[ ]  Nursery Products

Add any items not listed.

Would you be interested in volunteering with the Seabeck Community Market or the Seabeck Community Center?

[ ]  Yes [ ]  No

[ ]  I have read the Seabeck Community Market Handbook 2024 and will abide by all guidelines and rules.

Name:

Send check to: Seabeck Community Center, Attn: Marilyn at 15398 Seabeck Hwy NW, Seabeck, WA 98380.

**NOTE:** If a cancellation is needed, one week’s notice is required. If the cancellation is before 8pm on the Wednesday immediately prior to the market day, 50% will still be charged. No refunds after 8pm on the Wednesday immediately prior to the market day.

* Outside Booths are $15 per day.
* Inside Booths are $20 per day.

We will contact you to document which days you are interest in.

For Market use only:

Application Received date:

Received by:

Reviewed by:

Approved by: