WINTER PARK FARMER'S MARKET
AGREEMENT FOR USE OF SPACE
NONPROFIT / CHARITABLE BOOTH

Selected non-profit organizations shall be granted usage of a booth at the Winter Park Farmer's Market held on Saturday mornings at 200 West New England Avenue, Winter Park, Florida.

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1.   Organizations will not be granted use of a fundraising booth more than two times per calendar year. Space may not be requested more than 11 months in advance of desired date.

2.   Items offered for sale or at no cost shall not compete with any established Farmer's Market vendor.

3.   Requesting entities must be located in Winter Park and the event or function must benefit Winter Park, its residents, or its property.

_____

NAME:_____ **TELEPHONE**:_____

ORGANIZATION NAME:_____

HOME OR ORGANIZATION ADDRESS:_____
_____
<div align="center">(must be Winter Park Organization)</div>

FUNDRAISING PLAN:_____

ITEMS OFFERED:_____

PROCEEDS BENEFICIARY:_____

FUNCTION DATE:_____

FARMERS MARKET REQUESTED DATE: 1_____   2_____

FOR OFFICE USE ONLY:
All Boxes must be checked before request may be submitted for management approval.

____Resident   ____Items offered do not complete   ____Request less than 11 months out

____Benefiting Winter Park   Date of last request____

I agree to abide by the rules and regulations set forth in this contract. I understand that the City of Winter Park reserves the right to cancel this contract with seven days notice. All of the above information is true and correct; violation of any of the above provisions may result in the immediate termination of use of a Farmer's Market booth with no rescheduling of dates. Incomplete or unclear fundraising plans and requests will be returned and the request date released. By execution hereof, the undersigned releases and discharges and agrees to hold harmless the City of Winter Park from any and all claims, demands, action, or right of action arising out of, or by reason of, the use of the Winter Park Farmer's Market except due to the sole negligence of the City. By signing this contract, the undersigned agrees to all of the rules and regulations listed above.

SIGNATURE:_____ DATE:_____

FACILITY COORDINATOR:_____