2025 SoCo Farmers Market Young Entrepreneur Application Ages 8-18



243 W Main St. Somerset, PA

YOUR CONT	ACT INFORMATION	
First Name		Last Name
Address		
City/State		Zipcode
Phone		Email
YOUR BUSIN	IESS	
Business Nar	ne	Business Social Media
Business Des	scription	
	Are You Available? er Market (\$10/marke	et)
Check the m	arkets you would lik	ke to apply to attend
June 7*	* July 19	August 30 October 11*
June 14	July 26*	September 6 <u>Special Market Dates</u>
June 21	August 2	September 13 • June 7th - Opening Day/Plant Sal
June 28	August 9	September 20 • July 26th - Chalk the Block • October 4th - Harvest Fest
July 5	August 16	September 27 • October 11th - Harvest Fest
July 12	August 23	October 4*
Cost: \$10/M	arket	TOTAL
Please Read	d and Agree to the To	erms of the Market:
Market Rule this applicat planning@se enclosing a indicates the payment, a S	s and Regulations, a c tion. Completed applic omersetinc.org or mai payment, please make at it is for the SoCo Fa SoCo Farmers Market	epresentatives, agree to abide by the SoCo Farmers' copy of which I have reviewed, signed and returned with ication can be sent to Trinity Romesberg via email at all to Somerset, Inc. P.O. Box 876 Somerset PA 15501. If e checks payable to Somerset, Inc. with a memo that armers Market. After the receipt of your application and a representative will contact you about your participation. uarantee. Space is limited, especially during events.
Name		Signature
Parent or Gu	ardian's Name	Parent or Guardian's Signature