



Community · Cooperation
Regeneration

Community Exchange Registration Form

Thank you for your interest in the Community Exchange Table (CE). Please fill out this application form if you would like to be registered as a Vendor or Volunteer. Please make sure to read the most current version of the CE Rules and Regulations before signing this form. They are available at the CE Table or by emailing Chip Satterlund at ChipSatt@cox.net.

Checks Made Payable to:	<input type="checkbox"/> Individual or <input type="checkbox"/> Organization		
Organization Name: (Optional)			
First Name:		Last Name:	
*** IMPORTANT *** Please list the address where all mail or payment checks should be sent.			
Address:		Unit:	
City:		State/Province:	Postal Code:
Phone Number:		Email:	
Preferred Method of Contact:	<input type="checkbox"/> Phone <input type="checkbox"/> Email		
I want to participate in the CE as a: (√ all that apply)	<input type="checkbox"/> Vendor		<input type="checkbox"/> Volunteer

Booth Volunteer Section:

Days you are available:	Time of Day:	Days you are available:	Time of Day:
<input type="checkbox"/> Sunday		<input type="checkbox"/> Thursday	
<input type="checkbox"/> Monday		<input type="checkbox"/> Friday	
<input type="checkbox"/> Tuesday		<input type="checkbox"/> Saturday	
<input type="checkbox"/> Wednesday			

Booth Vendor Section:

Are you a Gardener, Grower, or Artisan? (√ all that apply):

Gardener – A person or group with an occasional amount of self-produced agricultural items to sell.

Grower – A person or group who grows food specifically for selling at the Community Exchange Table.

Artisan – A person or group with self-produced craft or food items to sell. (County or State permits required for food vendors).

***** IMPORTANT *** Please list the primary location where your product is grown or produced if it is different than the address listed above.**

Address:		Unit:	
City:		State:	Postal Code:

Signature Area:

By signing this form I am stating that I have read the Community Exchange rules and regulations and agree to abide by their terms.

Applicant Printed Name:		Date:	
Signature:			

***** IMPORTANT *** Please bring a copy of a photo ID (e.g. Driver's License) and a copy of a utility bill (e.g. water or electric) for the location where your product is produced. You will NOT BE REGISTERED until we receive those items. Food vendors need to bring a copy of their county and / or state permits.**

**DO NOT FILL OUT THE SECTION BELOW.
FOR OFFICE USE ONLY**

Booth Clerk Printed Name:		Date:	
Signature:			
Photo ID Info:		Utility Bill Info:	Food Vendor Permits: