



BURLINGTON COUNTY AGRICULTURAL CENTER
FARMERS MARKET PROPOSAL FORM



NAME: _____
(For Advertising Purposes: Group Performing or Instructing)

CONTACT PERSON: _____

ADDRESS: _____

PHONE: _____ CELL PHONE: _____

E-mail: _____ Website: _____

Type of Program (check one): Musical Performance _____ Cooking Demonstration _____

Other (describe): _____

Program Date(s): _____

Program Description: _____

Program Length: Musical programs must be a minimum of 4 hours, with 1st set to begin no later than 9 am, and ending at 1 pm, with two 20-minute breaks in between. Cooking demonstrations must be a minimum of 1 hour in length and will begin at 10 am.

Proposed Fee: \$ _____ (per single day performance or class)

Check made payable to: _____

Program requirements: Electric Other (describe): _____

Your proposal will be reviewed by the County's Risk Manager. Performers and chefs may be required to provide proof of insurance acceptable to the County. Insurance may be required for other programs.

The Vendor shall be solely responsible for and shall keep, save and hold harmless the Burlington County Board of Chosen Freeholders and its servants, employees and agents from and against any and all claims, demands, suits, actions, recoveries, judgments, costs and expenses in connection therewith on account of personal injury, loss of life, and damage and loss of real and personal property of any person, agency, corporation or government entity arising out of or in consequence of any acts or omissions of Vendor, his employees, agents and sub-vendors, in connection with Vendor's participation at this event.

Signature: _____ Date: _____

(sign – do not type or print) - FAX: (609) 261-7271 or email farmmarket@co.burlington.nj.us

Mailing Address: Burlington County Dept. of Resource Conservation – 50 Rancocas Road – 2nd Floor – Mt. Holly, NJ 08060

Staff Only: Date Received _____ Fee _____ # of visits _____ Total Encumbered _____