



BURLINGTON COUNTY COMMUNITY AGRICULTURAL CENTER

PROGRAM PROPOSAL

NAME: _____
(Individual, Group or Organization)

CONTACT PERSON: _____

ADDRESS: _____

PHONE: _____ CELL PHONE: _____

E-mail: _____ Website: _____

Type of Program (check one): Musical performance _____ cooking demonstration/class _____

Other (describe): _____

Program Date(s): _____

Program Description: _____

Program Length: _____

(For Farmers Market, all musical programs must be a minimum of 3 hours, with 1st set to begin by 9 a.m. and last set to continue until 12:30 with two 15 minute breaks; all cooking demonstrations must be a minimum of 1 hour in length and will begin at 10 a.m.)

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 will be required to provide proof of insurance acceptable to the County. Insurance may be required for other programs.

A purchase order will be issued reflecting the price for the total number of programs agreed upon. An invoice must be provided on the day of the event to the Market Manager indicating the per program fee agreed upon along with a signed copy of the purchase order.

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 -609-726-7333 or email farmmarket@co.burlington.nj.us

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