



## 2018 Maple Grove Farmers Market Sponsorship Agreement

PLEASE PRINT

Date completed: \_\_\_\_\_

<b>Business Name:</b>					
<b>Primary contact:</b>					
<b>Street Address:</b>					
<b>City:</b>		<b>State:</b>		<b>ZIP:</b>	
<b>Day phone:</b>					
<b>E-mail:</b>					
<b>Web site:</b>					
<b>Social handles:</b>					

You are being asked to supply certain information about yourself that may be private information. The requested information may be used by the Farmers Market staff, Administration department, and other City employees as reasonably necessary. The purpose of this requested information is to allow the City to contact you with information regarding your status as a sponsor and market related updates/questions. Failure to supply the requested data may result in the delay of the City supplying you with information.

Please select your sponsorship level:

	Grow Local (Premier)	\$4,000
	Power of Produce	\$3,200
	Senior September	\$2,000
	Customer Loyalty	\$1,500

	Neighborhood Market	\$1,250
	Rock the Market	\$1,000
	Seedlings	\$500
	Other	

### Request Dates for Market Participation:

*Grow Local: up to 5 dates | Power of Produce: 2 dates | Senior September: 2 dates | Customer Loyalty: 1 date*

<input type="checkbox"/> June 7	<input type="checkbox"/> July 12	<input type="checkbox"/> August 16	<input type="checkbox"/> September 20
<input type="checkbox"/> June 14	<input type="checkbox"/> July 19	<input type="checkbox"/> August 23	<input type="checkbox"/> September 27
<input type="checkbox"/> June 21	<input type="checkbox"/> July 26	<input type="checkbox"/> August 30	<input type="checkbox"/> October 4
<input type="checkbox"/> June 28	<input type="checkbox"/> August 2	<input type="checkbox"/> September 6	<input type="checkbox"/> October 11
<input type="checkbox"/> July 5	<input type="checkbox"/> August 9	<input type="checkbox"/> September 13	<input type="checkbox"/> October 18

**IMPORTANT:** Date requests will be accepted on a first-come, first-served basis. No more than two sponsors from non-competing industries will be scheduled on a specific date. Market management will contact you to arrange a substitute date if a request cannot be honored. In the event that you cancel due to inclement weather or other circumstance, every effort will be made to find an alternate date. However, a replacement date cannot be guaranteed.

(over)

Maple Grove Farmers Market Sponsor Agreement

**Please check:**

- I understand that sponsor candidates are evaluated on an individual basis to ensure there is no direct conflict with Maple Grove Farmers Market's mission or the City of Maple Grove's vision for the Farmers Market.
- I agree that the City of Maple Grove and the Maple Grove Parks and Recreation Board, and their respective officers, employees, agents and consultants are not liable for any injury, illness, theft, loss, or damage of any kind to sponsor or their property, arising out of or pertaining to preparation for or participation in the Maple Grove Farmers Market; whether such injury, theft, loss, or damage occurred prior, during, or after the Maple Grove Farmers Market, I further agree to indemnify, defend and hold harmless the City of Maple Grove and the Maple Grove Parks and Recreation Board and their respective officers, employees, agents and consultants for and against any claims for such injury, illness, theft, loss, or damage.
- I understand that the City of Maple Grove does not provide general liability and product liability insurance coverage and that it is recommended that I carry my own.
- The City of Maple Grove takes pictures and videos of participants and attendees at the Maple Grove Farmers Market for use in marketing and for promotional purposes. I grant permission to use my name, business name, logo, pictures, videos and quotes and those of my employees for this purpose.
- In the event I cancel participation on my chosen market date (due to weather or any other circumstance) market management will make every effort to reschedule. However, there is no guarantee that a substitute date will be available.

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**Mail the following to:** Maple Grove Farmers Market  
P.O. Box 1180  
Maple Grove, MN 55311

- This completed agreement (boxes must be checked and signature below required)
- \$\_\_\_\_\_ amount enclosed (make checks payable to the City of Maple Grove or see attached credit card option.)
- Email your business logo [kbansenweigle@maplegrovern.gov](mailto:kbansenweigle@maplegrovern.gov). High-resolution files in .jpg and .eps formats (one-color and full-color) are appreciated.

Sponsorship will not begin until funds have been received. Once a sponsor is confirmed, please note the payment is non-refundable.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Every Thursday - June 7 - October 25, 2018**

**3 to 7 p.m. (3 to 6 p.m. in October)**

Maple Grove Community Center parking lot, 12951 Weaver Lake Road, Maple Grove, MN 55369

www.Maplegrovefarmersmarket.com

farmersmarket@maplegrovern.gov

Phone: 763-494-5955

Fax: 763-494-6454



# MAPLE GROVE FARMERS MARKET

## Office Use Only

Sponsor name: \_\_\_\_\_

Amount paid: \_\_\_\_\_

Date received: \_\_\_\_\_ Date processed: \_\_\_\_\_

**Use this sheet for credit card information only.**  
**It will be destroyed after the payment has been processed.**

Under Minnesota law the information provided on this application is considered public and is available to anyone, except for the following:

The information regarding your credit card is private and will be provided only to yourself and to those people who need to know it in order to process your payment. This includes city employees who process your payment and employees of applicable financial institutions. You are not required to provide your credit card information if you want to pay by another method. However, if you choose to pay by credit card you must provide your credit card information to pay the appropriate fee. Otherwise, your application will not be processed.

<b>TO PAY BY CREDIT CARD</b>  <b>VISA</b> <b>MASTERCARD</b> <b>DISCOVER</b> <b>AMERICAN EXPRESS</b>	<b>Name as it appears on credit card</b> _____ Please print
	<b>Billing address for credit card:</b> _____ Street address
	_____ City State ZIP
	<b>Type of credit card</b> <input type="radio"/> VISA <input type="radio"/> MASTERCARD <input type="radio"/> DISCOVER <input type="radio"/> AMERICAN EXPRESS
	<b>Expiration Date</b> ____ / ____
	<b>Card Number</b> _____
	<b>CSV #</b> _____ (3 digit number on back of card / on front for American Express)
	<b>\$ Amount</b> _____ (add \$20 for electricity if applicable)
	<b>Cardholder signature:</b> _____
	<b>Date:</b> _____

Please mail this form to **Maple Grove Farmers Market, PO Box 1180, Maple Grove MN 55311**. Do not transmit via email or fax.