



ABFM 2017 Community Table Application

Name of Organization: _____

Contact Person: _____ Title/Role: _____

Phone at which contact person can be reached before and on market day(s): _____

Email: _____ Location of Organization: _____

Mission Statement of Organization: _____

Please tell us what you plan to display/offer, including any fundraising items you'd like to sell at market (including prices) and whether or not you plan to solicit/accept donations at market:

Please indicate on which date(s) you are available for market day — Sundays from June 11 through October 22 (please identify first, second, and third choices).

First choice: _____ Second choice: _____ Third choice: _____

Would your organization like the use of the ABFM (please check) canopy (10' x 10') table (30" x 72")

Does your organization have a logo? Yes No

Please provide a description of your organization's work (75 words or fewer) to be used on our website and in our eblast. Include a tagline, if you have one. You may provide this copy attached to this application or, preferably, send digitally, along with your logo (see below), upon confirmation of your acceptance and date.

Please send to: communications@ABFarmersMarket.org

Website URL: _____ May we put a link to your site on the ABFM website? Yes No

I/we acknowledge that I/we have read the 2017 ABFM Community Table Rules of Operation, and the ABFM 2017 Rules of Operation, and will comply with them.

Name of Applicant: _____ Date of Application: _____

Signature of Applicant: _____

Please mail this completed application to:

Acton-Boxborough Farmers Market, 49 Windsor Avenue, Acton, MA 01720

For questions or more information, please contact the Community Table Coordinator (Missy):

email: CommunityTable@ABFarmersMarket.org OR phone: 1.646.662.2585

Thank you!