



ABFM 2019 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: _____

Organization's Mission Statement _____

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 16–October 27 (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: CommunityTable@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 2019 ABFM Community Table Rules of Operation, and the ABFM 2019 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, 56 Windsor Avenue, Acton, MA 01720

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

email: CommunityTable@ABFarmersMarket.org OR phone: 978.393.1105

Thank you!