

ABFM 2023 Community Table Application

Name of Organization:				
Contact Person:		Title/Role:		
Phone at which contact per	son can be reached before and on mark	et day(s):		
	Location of Organizat			
Organization's Mission Stat	ement			
,				
	n to display/offer, including any fundraisi n to solicit/accept donations at market:	ng items you'd like to sell a	t market (including prices)	
•				
Please indicate on which da first, second, and third choi	ate(s) you are available for market day — ces).	Sundays from June 18–Oc	tober 15 (please identify	
First choice:	Second choice:	Third choic	e:	
Would your organization lik	ke the use of the ABFM (please check)	☐ canopy (10′ x 10′)	☐ table (30" x 72")	
Does your organization hav	e a logo? □Yes □No			
eblast. Include a tagline, if	on of your organization's work (75 word you have one. You may provide this cop ogo (see below), upon confirmation of y nersMarket.org	y attached to this applicat	tion or, preferably, send	
Website URL:	May we put	May we put a link to your site on the ABFM website? ☐Yes ☐No		
I/we acknowledge that I/we Operation, and will comply	e have read the 2023 ABFM Community with them.	Table Rules of Operation, a	nd the ABFM 2023 Rules of	
Name of Applicant:		Date of Application:		
Signature of Applicant:				

Please return this completed application to:

CommunityTable@ABFarmersMarket.org OR

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