

## ABFM 2024 Community Table Application

A PRODUCER-ONLY MARKET Real Food from Real People

Name of Organization:	
Contact Person:	
Phone at which contac	t person can be reached before and on market day(s):
Email:	Location of Organization:
Organization's Missior	Statement
	u plan to display/offer, including any fundraising items you'd like to sell at market (including prices) u plan to solicit/accept donations at market:
· ·	
Please indicate on whi first, second, and third	ch date(s) you are available for market day — Sundays from June 16–October 13 (please identify I choices).
First choice:	Second choice:Third choice:
Would your organizati	on like the use of the ABFM (please check) $\Box$ canopy (10' x 10') $\Box$ table (30" x 72")
Does your organization	n have a logo? □Yes □No
eblast. Include a taglin	ription of your organization's work (75 words or fewer) to be used on our website and in our ne, if you have one. You may provide this copy attached to this application or, preferably, send our logo (see below), upon confirmation of your acceptance and date. Please send to: FarmersMarket.org
Website URL:	May we put a link to your site on the ABFM website? □Yes □No
I/we acknowledge that	t I/we have read the 2024 ABFM Community Table Rules of Operation and will comply with them.
Name of Applicant:	Date of Application:
Signature of Applicant	:
	Please return this completed application to:
	CommunityTable@ABFarmersMarket.org OR
A	cton-Boxborough Farmers Market, 56 Windsor Avenue, Acton, MA 01720
For question	ons or more information, please contact the Community Table Coordinator (Deb):
(	email: CommunityTable@ABFarmersMarket.org OR phone: 978.393.1105

Thank you!