

ABFM 2025 Community Table Application

Name of Organization:				
Contact Person:		Title/Role:		
Phone at which contact pers	son can be reached before and on mark	et day(s):		
Email:	Location of Organizat	ion:		
Organization's Mission State	ement			
	to display/offer, including any fundraisin to solicit/accept donations at market:	ng items you'd like to sell a	t market (including prices)	
51,000,000 aggregate), and p ABFM, 19 Elm Street, Acton	 general liability insurance (in amount product liability insurance (in an amount MA 01720 as BOTH additionally insured te(s) you are available for market day — ces). 	t not less than \$1,000,000 I and certificate owner.	is required. Please name	
First choice:	Second choice:	Third choice:		
Would your organization lik	e the use of the ABFM (please check)	☐ canopy (10′ x 10′)	☐ table (30" x 72")	
Does your organization have	e a logo? □Yes □No			
Include a tagline, if you have	n of your organization's work (75 words re one. You may provide this copy attac elow), upon confirmation of your accep ersMarket.org	hed to this application or,	preferably, send digitally,	
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	have read the 2025 ABFM Community	Table Rules of Operation ar	nd will comply with them.	
Name of Applicant:		Date of Application:		
Signature of Applicant:				

Please return this completed application to:

CommunityTable@ABFarmersMarket.org OR

Acton-Boxborough Farmers Market, 8 Mohawk Drive, Acton, MA 01720