

# Englewood Farmer's Market

## Non-Profit Application

**Organization Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Please fill out the following section:**

Please describe the cause of your organization along with the types of activities that your group would be engaging in during market hours (soliciting members, soliciting donations, educational demonstrations, giving away promotional materials, etc, along with any special requirements).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Names of volunteers or staff who would be managing your booth at the Englewood Farmers Market: \_\_\_\_\_

\_\_\_\_\_

Please list the date(s) on which you wish to attend the Englewood Farmers Market this season: \_\_\_\_\_

**Applicant's name:** \_\_\_\_\_

**Applicant's signature:** \_\_\_\_\_

