

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: _____

