



2011 Community Table Application

Name of Organization: _____

Name of Contact Person: _____ Title: _____

Phone: _____ Cell Phone: _____

Email: _____ Website URL: _____

May we put a link to your site on the ABFM website? Yes No

Mission Statement of Organization: _____

Please indicate on which date(s) you are available for market day — Sundays from July 10 through October 23 (please identify first, second, and third choices).

First choice: _____ Second choice: _____ Third choice: _____

Would your organization like the use of the ABFM (please check) canopy (10' x 10') table (30" x 72")

Please tell us what you plan to display/offer, including any fundraising items you'd like to sell at market (including prices) and whether or not you plan to solicit/accept donations at market:

I/we acknowledge that I/we have read the 2011 ABFM Community Table Rules of Operation, and the ABFM 2011 Rules of Operation, and will comply with them.

Name of Applicant: _____ Date of Application: _____

Signature of Applicant: _____

Please mail this completed application to:

Acton-Boxborough Farmers Market, 14 Stow Street, Acton, MA 01720

For questions or more information, please contact the Community Table Coordinator:

email: communitytable@ABFarmersMarket.org OR phone: 978.263.8847

Thank you!