RIVERSIDE FARMERS' MARKET

COMMUNITY PARTNER APPLICATION

Contact Name: First Name _____ Last Name _____

Organization Name: _____

Mailing Address: Street Address _____

City _____

Postal Code _____

Phone Number: Landline _____ Cell _____

Email: _____

How would you like to be contacted? _____

What is the name of the person who woll be attending the market? _____

Please describe the organization and what it does in our community:

What is the purpose of attending the Riverside Farmers Market?

Please describe any materials you will be handing out (flyers etc)

Will you be seeking donations? ☐ Yes ☐ No

Will you be selling anything at your table? (Products, raffle tickets, event tickets, etc)

What Market date would you like to attend? _____