



NON-PROFIT APPLICATION FORM

NAME OF NON-PROFIT _____

CONTACT NAME _____

PHONE: OFFICE _____ CELL: _____

EMAIL _____

NON-PROFIT ID NUMBER _____

DESCRIPTION OF ORGANIZATION

DATES YOU WISH TO ATTEND. NON-PROFITS MAY CHOOSE UP TO 3 DATES PER MARKET. IF THE DATE(S) YOU SELECT ARE NOT AVAILABLE WE WILL NOTIFY YOU AND FIND ALTERNATE DATES. **MORE THAN 3 DATES MUST BE APPROVED BY THE MANAGER AND THE BOARD OF DIRECTORS.**

PROPOSED DATES ATTENDING: SATURDAY MARKETS: NON-PROFITS MAY SELECT UP TO 3 DATES

MAY 6 MAY 13 MAY 20 MAY 27 JUNE 3 JUNE 10 JUNE 17 JUNE 24 JULY 1
 JULY 8 JULY 15 JULY 22 JULY 29 AUG 5 AUG 12 AUG 19 AUG 26 SEPT 2
 SEPT 9 SEPT 16 SEPT 23 SEPT 30 OCT 7 OCT 14 OCT 21 OCT 28 NOV 4 NOV 11
 NOV 18 NOV 25

PROPOSED DATES ATTENDING: WEDNESDAY MARKETS: NON-PROFITS MAY SELECT UP TO 3 DATES

JUNE 7 JUNE 14 JUNE 21 JUNE 28 JULY 5 JULY 12 JULY 19 JULY 26 AUG 2 AUG 9
 AUG 16 AUG 23 AUG 30 SEPT 6 SEPT 13 SEPT 20 SEPT 27 OCT 4 OCT 11 OCT 18
 OCT 25

The privileges of participating as a NP at the Farmers' Market may be suspended if non-profits do not cooperate with the criteria in attached information. By signing below, I agree to take responsibility for all of my volunteers at the Farmers' Market.

Signature of Non-Profit contact person: _____ Date _____

Please email this application to Janet Ciel, Market Manager manager@healdsburgfarmersmarket.org
You may also mail to: Healdsburg Certified Farmers' Market P.O. Box 2198 Healdsburg, CA 95448