



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