

**THE FARMERS COMMUNITY MARKET AT BROOKSIDE
APPLICATION COMMUNITY TENT**

NAME: _____

NAME OF ORGANIZATION: _____

ADDRESS: _____

PHONE NUMBER: (_____) _____

EMAIL: _____

Please provide the following information regarding your organization:

Mission Statement:

Vision Statement:

Organization Values and Goals:

Why do you wish to be represented at the Farmers Community Market at Brookside?

What date(s) do you wish to use the Community Tent?
(Please give several date options as there may be many groups wanting the same date.)

**There is no cost for the Community Tent. You must submit an application and receive approval from the vendor committee.
Organization must provide their own table and chairs.
Please sign the market guidelines sheet and this form.**

Signature

Date