



## Main Street Farmers Market

### Market Participation Request

YOUR NAME	TODAY'S DATE
AGENCY OR ORGANIZATION	
<b>TYPE OF REQUEST</b> <input type="checkbox"/> Display/Community Table <input type="checkbox"/> Education/Program (“More at the Market”) <input type="checkbox"/> Vendor Booth <input type="checkbox"/> Information for Website or Newsletter <input type="checkbox"/> Other _____	<p>To respond in a fair and organized way to the many requests we receive for shared participation in the Market, we ask that you complete this form.</p> <p>The MSFM Board welcomes your interest and will approve requests when:</p> <ul style="list-style-type: none"> <li>•they compliment our mission,</li> <li>•do not cause conflict with the success of the Market or its vendors,</li> <li>•time, space, and resources are available.</li> </ul> <p>Thank you for your interest in the Main Street Farmer's Market!</p>
PURPOSE (e.g. educational outreach, to distribute information, community benefit)	
SPECIFIC REQUEST (PLEASE DESCRIBE IN DETAIL)	
DATE OR DATES REQUESTED	
DATE OF MSFM BOARD REVIEW:	
DECISION AND COMMENTS	
BOARD MEMBER NAME AND SIGNATURE	