



2016 FARMERS MARKET OF BLUFFTON

March 17, 2016 – December 15, 2016

NON PROFIT ORGANIZATION APPLICATION

Name of Organization: _____

Name of Applicant: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Email: _____ Website: _____

Please describe your organization's mission statement, include your non-profit status, and list the activities in which you wish to conduct at the Market: (distribute brochures, collect emails, etc.)

Which Market/s would you like to attend? _____

I have read and agree to comply with the Farmers Market of Bluffton's Rules & Regulations. I understand its violations and sanctions, including grounds for suspension and disqualification. I understand that this is not a contract for entry into the Market and that the Board of Directors must approve my application before I can participate in the Market.

Signature: _____ Date: _____

Please forward completed application to:

Farmers Market of Bluffton

Attn: Kim Viljac, Market Manager

PO Box 447, Bluffton, SC 29910

manager@farmersmarketbluffton.org 843.415.2447