



Non Profit Application

Agency Name:
Contact:
Street Address:
City, State, Zip
Phone:
Email:
Website:
Networking:

Description of Agency Mission :

Availability (best 3 Sundays of the Season, May 13th – Oct 28th):

Dates

- 1) _____
- 2) _____
- 3) _____

Conditions:

By signing this application, you are agreeing to follow all current and additional rules for the Tigard Area Farmers Market. Any compensation received during your market day is from Market attendees is not directed by TAFM and not reported for tax purposes by TAFM. You are responsible for all members/equipment that your group brings and its set up and removal.

Name: _____	Date: _____
Name: _____	Date: _____

TAFM STAFF ONLY:

Date Received:

Dates set for booth : _____