

LANCASTER FARMERS MARKET COMMUNITY TENT APPLICATION

ORGANIZATION NAME _____

CONTACT NAME _____

MAILING ADDRESS _____

MAIN PHONE NUMBER _____

CELL NUMBER (FOR MARKET DAY USE - OPTIONAL) _____

EMAIL _____

WEBSITE _____

SOCIAL MEDIA _____

BEST MEANS TO CONTACT YOU FOR URGENT ISSUES

(e.g. market cancellation in case of dangerous weather. Please provide phone # or email address)

EMERGENCY CONTACT (i.e if something happens to you. Please provide name and phone #)

ACTIVITY OR RESOURCES OFFERED _____

IF NOT CONTACT LISTED ABOVE, WHO WILL BE AT MARKET?

DATE(S) REQUESTED Market runs every Saturday from 8:30 to noon, the first Saturday in May through the first Saturday in October.

POSSIBLE BACKUP DATES _____

Please indicate which supplies you request us to provide:

___ 10 x 10 pop up tent ___ folding table ___ folding chairs

NOTES (Anything else we should know?) _____

We will contact you via email the week before your scheduled date with logistics and a market map.

Please initial and sign below:

_____ I acknowledge that Lancaster Fresh Market, Inc. assumes no liability for any loss, damage or injury incurred by my organization and its representatives while at the Lancaster Farmers Market.

_____ I agree to comply with public health and safety guidelines as determined by Lancaster Fresh Market, Inc.

_____ I agree to promote our presence and offerings at the Lancaster Farmers Market through available marketing channels.

_____ I grant permission to Lancaster Fresh Market to use pictures, audio and/or video of myself, booth and products for the purposes of advertising the market. This may include, but is not limited to the website, Facebook, Instagram and print or online advertising.

SIGNATURE

DATE