



Community Table Application

**The Ashland Farmers Market is held on Saturdays,
between June and October, 9:00 AM – 1:00 PM
at 125 Front Street in the center of Ashland.**

Name of Organization: _____

Name of Contact Person: _____ Title: _____

Day Phone: _____ Cell Phone: _____

Email: _____ Website: _____

May we put a link to your site on the AFM website? Yes No

Mission Statement of Organization:

Please indicate on which date(s) you are available (please identify first, second, and third choices).

First choice: _____ Second choice: _____ Third choice: _____

WITH PRIOR APPROVAL from the AFM Board of Directors, groups may sell fundraising items at the market. Since this is a “make it or grow it” market, we would prefer items to be original, homemade, and not in competition with market food vendors. Please tell us what you plan to display/offer, including any items you’d like to sell at the market (including prices), and whether or not you plan to solicit/accept donations at the market:

The applicant signature (below) acknowledges that s/he has read, understands, and agrees to abide by the terms of the AFM Rules of Operation. The Ashland Farmers Market, its Board of Directors, and its members, agents, and volunteers, the Town of Ashland and any of its agents are not responsible for any damage. Although insurance is not required, it is recommended.

Signature of Applicant: _____

Date of Application: _____

Please mail this completed application to:

**Jeanne Walker
123 Waverly Street
Ashland, MA 01721**

Please contact us with any questions at jnewalker@verizon.net or 774.279.3038.

Thank you!