

Atlanta Braves Farmer's Market

Non-Profit Application

Organization Name: _____

Phone: _____

Email: _____

Address: _____

Please fill out the following section:

Please describe the cause of your organization along with the types of activities that your group would be engaging in during market hours (soliciting members, soliciting donations, educational demonstrations, giving away promotional materials, etc, along with any special requirements). Please note that each non-profit organization may only be scheduled one week per season unless calendar availability allows for additional weeks.

Names of those who would be managing and staffing your booth at the Farmers Market: _____

Please list the date(s) on which you wish to attend the Englewood Farmers Market this season: _____

Applicant's name: _____

Applicant's signature: _____



