

Macungie Farmers' Market Community Non-Profit Registration Form

I would like to participate in the Macungie Farmers' Market! I would prefer to attend during the week(s): (You may choose up to 3 dates.)

- | | |
|---|---|
| <input type="checkbox"/> May 15
<input type="checkbox"/> May 22
<input type="checkbox"/> May 29
<input type="checkbox"/> June 5
<input type="checkbox"/> June 12
<input type="checkbox"/> June 19
<input type="checkbox"/> June 26
<input type="checkbox"/> July 3
<input type="checkbox"/> July 10
<input type="checkbox"/> July 17
<input type="checkbox"/> July 24
<input type="checkbox"/> July 31 | <input type="checkbox"/> August 7
<input type="checkbox"/> August 14
<input type="checkbox"/> August 21
<input type="checkbox"/> August 28
<input type="checkbox"/> September 4
<input type="checkbox"/> September 11
<input type="checkbox"/> September 18
<input type="checkbox"/> September 25
<input type="checkbox"/> October 2
<input type="checkbox"/> October 9
<input type="checkbox"/> October 16
<input type="checkbox"/> October 23
<input type="checkbox"/> October 30 |
|---|---|

* Please select first, second and third choice based on your preference.

My organization plans to participate in the following activities:

- Fundraising
Type of fundraiser: _____
- Volunteer Recruitment
- Information Distribution
- Other: _____

Please return this form to: Macungie Farmers' Market, c/o Chris Boehm, 4295 S. 5th Street, Emmaus, PA, 18049.

Contact Name: _____ Organization Name: _____
 Address: _____ E-mail: _____
 Phone: _____ Website: _____

Notes or Questions: