**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.)**

 \_\_\_\_\_ May 16 \_\_\_\_\_ August 15

 \_\_\_\_\_ May 23 \_\_\_\_\_ August 22

 \_\_\_\_\_ May 30 \_\_\_\_\_ August 29

 \_\_\_\_\_ June 6 \_\_\_\_\_ September 5

 \_\_\_\_\_ June 13 \_\_\_\_\_ September 12

 \_\_\_\_\_ June 20 \_\_\_\_\_ September 19

 \_\_\_\_\_ June 27 \_\_\_\_\_ September 26

 \_\_\_\_\_ July 11 \_\_\_\_\_ October 3

 \_\_\_\_\_ July 18 \_\_\_\_\_ October 10

 \_\_\_\_\_ July 25 \_\_\_\_\_ October 17

 August 1 October 24

 August 8 October 31

\* 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: