

2024 FARMERS MARKET OF BLUFFTON

January 11, 2024 – December 19, 2024 NON PROFIT ORGANIZATION APPLICATION

Name of Organization:		
Name of Applicant:		
Mailing Address:		
City:	State:	_ Zip:
Phone:	_ Cell:	
Email:		

Please describe your organization's mission statement, include your non-profit status, and list the activities in which you wish to conduct at the Market: (distribute brochures, collect emails, etc.)

Which Market/s would you like to attend? _____

I have read and agree to comply with the Farmers Market of Bluffton's Rules & Regulations. I understand its violations and sanctions, including grounds for suspension and disqualification. I understand that this is not a contract for entry into the Market and that the Board of Directors must approve my application before I can participate in the Market.

Signature:_____ Date:____

Please forward completed application to: **Farmers Market of Bluffton** Attn: Kim Viljac, Executive Director PO Box 447, Bluffton, SC 29910 manager@farmersmarketbluffton.org 843.415.2447 (843.304.3041 text)