

## 2024 Application - Non-Profit Groups

Please return the form to Ed Smith, Market Manager: edsmith@sthelenafarmersmkt.org. 707 486-2099

## **Please Write Clearly**

Applicant's Name:		
City:	Zip Code:	
Email Address:		
Web Address:		
Business Phone #:/		
Cell #://	_	
Social Media platforms used and	handles:	
o Facebook	o Instagram	
o Other		
	Family Members who may represent y	
Describe briefly your services or Farmers' Market website:	goods written as you would like to see	it appear on the St. Helena
Please indicate which of your co	ntact information we may make availab	le to our website visitors:
[ ] Phone Number [ ] Email	[ ] Business Address [ ] Mailing A	ddress [ ] Website Link
[ ] Other		
Have you participated in the St. I	Helena Farmers' Market before? Yes [	] No [ ]
For how many seasons?		

## 2024 Application – Non-Profit Groups (cont'd)

## **Market Calendar:**

Please mark the dates you would like to attend

May	3	10	17	_24	
June	7		_21	28	_
July	5	12	19	26	_
Aug	2	9		_23	_ 30
Sep	6	13	20	27	_
Oct	4	11	_ 18	25	

We look forward to having you with us at the St. Helena Farmers' Market!