



Organization Attendance Application

| | | |
|------------------|-------------------|-----------------------|
| Last Name | First Name | Middle Initial |
|------------------|-------------------|-----------------------|

Business Name

| | |
|-------------------------|--------------------|
| Business Phone # | Cell Phone# |
|-------------------------|--------------------|

Address

| | | |
|-------------|--------------|-----------------|
| City | State | Zip Code |
|-------------|--------------|-----------------|

Email Address

What date(s) you are interested in participating in the Market?

What are your plans/reasons for attending the Market?

In keeping with the mission of the market, I agree to the following:

1. The organization provides outreach to Onslow County and its citizens.
2. I allow the Onslow County Farmers' Market to use my photo and/or photos of my products for marketing purposes.

Name (printed) : _____

Signed: _____ Date: _____

Date Received: _____
Date Approved: _____
By: _____