



Application for Fundraising

Name of Charity/Group/Club: _____

Role of Charity/Group/Club: _____

Postal Address: _____

Contact Person: _____

Contact phone number: _____

Alternate phone number: _____

Email: _____

How did you learn about MPFM fundraising opportunity?

Preferred Dates for fundraising: _____

I have read & understood the terms and conditions of this application

Signed _____ Position _____

Please note that the listed preferred dates are not guaranteed by the Mount Pleasant Farmers Market. Your group will be contacted by the Market Manager after your application has been assessed by the Mount Pleasant Farmers Market Inc. Management Board.

Once you receive confirmation of dates, your group is responsible for notifying the Market Manager of any cancellation in a timely manner.

REMEMBER *Please attach a copy of your insurance