

PARTICIPATION FORM

2024 GRAZE at the Fields
Thursday, May 2 ~ 6:00pm-8:30pm

How would you best categorize your involvement:			
☐ Farm/Farmer	☐ Ag Supporting Org.	☐ Caterer/Chef	☐ Beverage Purveyor
MARKETING INFORMATION Please print the information below exactly as it should appear in marketing. Indicate here if you do not want your information shared with the public			
Farm, Business, and/or Organiza	ation Name:		
Contact Name:			
Address:	C	ity:	
Phone:	Email:		
Website:			
Social Links:			
Brief description of what you do/your connection to local agriculture:			
ADDITIONAL DETAIL			
Name of table representatives Day-of contact email (if different	•		
Day-of contact phone (if different from above)			
•			
Brief description of display, samples, and/or handouts to be given at event:			
☐ Check here if you are interested in	0.1		
Please Note: bottled and/or canned beverage sales require Type 81 ABC license.			